

**A
CONTRACTOR'S GUIDE
GUANTANAMO BAY,
CUBA**



RESIDENT OFFICER IN CHARGE OF CONTRACTS

REVISION
SEPTEMBER 2000

WELCOME TO GUANTANAMO BAY

We are glad to have you aboard. Guantanamo Bay is a great place to live and work. While logistics can be more difficult than typical stateside work, there are many advantages. The weather is excellent. Except for a few brief periods each year, there is little rain. There are tremendous recreation facilities available; many cost nothing to use and the rest are inexpensive. With the close-knit atmosphere typical of a small town you will find people friendly and cooperative.

Due to our unique location, all our contractors live in Base and use the Base facilities. Contractor employees have become very active members of the community. Whether participating in intramural sports, social events, the Base Recycling Program that provides money for recreation and social programs, or volunteering to help in community projects we want you to get involved.

Many of the frustrations usually associated with construction and operating services, such as dumping fees and various permits, either do not exist here or are much easier to overcome. Lodging is centrally located to the entire base, so housing a work screw is simple and convenient. Space available for material shipping and storage may be limited due to the operational requirements of the base.

My office is eager to help you get established and get off to a good start. Please call or stop by if you have questions about information in this guide or need assistance. We look forward to working with you.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. A. Mina', with a stylized flourish extending to the right.

R. A. Mina
LCDR, CEC, USN
Resident Officer in
Charge of Contracts

CONTRACTOR'S GUIDE GUANTANAMO BAY, CUBA

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1. **INTRODUCTION**

The U.S. Naval Base at Guantanamo Bay, Cuba is about 45 square miles in area, including the bay. The Base is the only U.S. military installation on communist soil. It is completely isolated from the surrounding countryside by both U.S. and Cuban perimeter fences. The lease with Cuba expires only by mutual agreement between Cuba and the United States, or if the United States abandons the Base. The gates into Cuba have been closed since 1961, and there is no commerce conducted across the fenceline.

To survive in this isolated area, it is prudent that Guantanamo Bay contractors cooperate and support each other and their government counterparts. This guide will assist in the execution of Naval Facilities Engineering Command contracts. Recommendations found here will greatly reduce the minor problems that cost unnecessary time and money.

In no way is this guide a contract document. **THIS GUIDE DOES NOT SUPERSEDE OR ALTER ANY TERMS OR CONDITIONS OF THE CONTRACT DOCUMENTS.**

We will periodically update this guide and republish it. We invite you to make recommendations for improvement or point out changes that should be made to keep the guide relevant and useful.

The enclosed forms are Government-provided and in most cases may be obtained from our office.

2. **INITIAL MOBILIZATION**

A. **AREA ENTRY**

All persons entering the U.S. Naval Base, Guantanamo Bay, Cuba, must obtain area entry approval from the Base Commander. Contractor's requests for entry can be initiated by contacting the ROICC or his staff at telephone numbers (011) 5399-4162 or (011) 5399-4814; or fax number (011) 5399-4896. Telephone extensions are as follows:

ROICC (LCDR R. Andy Mina)	211
Chief Engineer (Jack Neill)	214
Contracts Director (Terry Homburg)	239
Contract Specialist (Tina Rule/Jim Gish)	221

Request should be initiated **NO LATER THAN 10 DAYS PRIOR TO REQUIRED ENTRY**. In urgent situations, entry approval can sometimes be obtained in shorter periods. The information required for entry of contractor employees is shown on enclosure (1) and for dependents specifically authorized by contract on enclosure (2). Once established on Base, the contractor shall submit "Clearance Requests" via the ROICC office, to the Base Operations Department. Entry approval will be granted by the Commander of the Naval Base (COMNAVBASE) in Naval message format or on lower portion of clearance form. Enclosure (3) will be used for clearance termination on departure or transfer of an employee to another contractor.

Accommodations for initial visits will be made by the ROICC staff at the Navy Lodge, Bachelor Officers Quarters (BOQ), or other available spaces depending on lodging availability. A rental car can be requested, but they are issued on a first-come, first-serve basis. Taxi service is available. A Base map is provided as enclosure (4).

B. **TRAVEL**

The U.S. Immigration Service advises all civilian U.S. citizens to carry either an official birth certificate or U.S. passport for citizenship verification when returning to the continental United States. Inability to produce one of these documents could result in delays, fines, and/or detention and expulsion. This requirement applies to all flights, regardless of aircraft type or reporting custodian. Aircraft commanders are responsible for final screening.

assigned and job orders developed to allow charges for Base support. The minimum balance allowed in the special deposit account to continue getting Base support is the 1/6th of the annual estimate. Special deposit account statements (enclosure (7) is an example) will be provided to the contractor by the 10th day of each month. Each statement is an invoice and must be paid in full by the 10th day of the following month by check made payable to the "Treasury of the United States". Deliver the check to the special deposit account desk or mail it (preferably certified) to the ROICC office.

You should review enclosure (7) to ensure that your internal accounting system is geared to accept this level of detail because this is all you get.

Special Deposit accounts **MUST** be kept current and arrears may be withheld from contract invoices to assure this requirement.

E. OFFICE/WAREHOUSE/LAY-DOWN YARD

A suitable area will be provided at no rental cost for an office, warehouse, and lay-down yard. Specific contracts will provide further details. Work with your CONREP to select the sites. Prior to any construction, submit plans including layout, utility connections, and construction details to the ROICC office for approval. Maintenance and upkeep of the facilities and areas is the responsibility of the contractor. Trailers and buildings must be suitably painted, numbered for fire consideration and kept in good condition. Failure to do so will be sufficient reason to require removal. All trailers and buildings will be marked with contractor's name, address, and telephone number. At contract completion and before final payment, all contractor temporary facilities must be removed (and the sites restored to their original condition) or disposed of by sale, as approved by the ROICC.

F. WORK FORCE

Essentially, there is no available work force on the Base. All employees must be brought to the Base. There is no restriction in the nationality of employees. Recently, contractor work forces have included Cost Ricans, Dominican Republics, Mexicans, Filipinos, Indians, Jamaicans, Portuguese, Thais, and Venezuelans in addition to Continental United States employees. Entry approval must be obtained for each employee. All ROICC contracts contain anti-proselytizing provisions. Hiring other contractor or government on-base employees by offering higher wages or other amenities will not be permitted. To hire an on-base employee, that individual must have a release from the present employer. See enclosure (3).

G. MEDICAL SCREENING

Contractors are financially responsible for the health care of their employees and dependents. To prevent burden on local hospital capabilities or financial burdens on the Contractor (see 5.B "Medical Emergency Plan" hereafter) medical screening of employees prior to entry is suggested. The U.S. Naval Hospital, Guantanamo Bay recommended minimum screening activities should include:

- a. Recent History and Physical
- b. PPD and/or Chest X-Ray
- c. Updated Immunization Schedule
- d. Basic laboratory tests possible including: Complete Blood Count, Liver Studies, Renal Panel, Cholesterol, and Urinalysis, and EKG should be performed at the discretion of the attending physician.

The Naval Hospital Director of Clinical Services should be contacted for further information concerning suggested screening.

Sherman Avenue at Marine Site. (Phone 2500, Supervisor, Red Sconiers-3401). With current Base requirements, dedicated lines are scarce; however, every effort will be made by the COMMDet to fill your needs. Long distance services and telephone billing is handled by Local Communications Network (LCN) through the BCO Office (Phone 3744; Manager, Steve Otis).

- (a) Fixed, Mobile and Portable Communications – Contractors are prohibited from acquiring communications services, equipment on their own. All requests enclosure (9), shall be submitted to COMNAVBASE via NCTAMS LANT DET for approval. Furthermore, the contractor must coordinate any addition, move or modification in communications services, equipment with NCTAMS LANT DET for the purpose of maintaining accurate records. Communications equipment is defined as “Any radio frequency radiating device” to include, but not limited to, the following: Citizens Band (CB) radios (mobile/fixed), Walkie-talkies, Repeaters (for radios/beepers).

3. ADMINISTRATIVE MATTERS

A. CONTRACT/CORRESPONDENCE

All NAVFAC construction and service contracts are administered by the Resident Office in Charge of Contracts, Guantanamo Bay, Cuba. All dealings and correspondence concerning a contract will be with this office. No one outside the ROICC office (including activity, Public Works Department (PWD), and A&E employees) has the authority to alter the terms of the contract or give direction concerning the contract. Should the contractor receive direction affecting the work from anyone who is not a member of the ROICC office, the contractor must immediately refer the matter to the ROICC. Refer problems of any kind to the CONREP/CSR. There will be no verbal changes or modifications to any contract. Any changes or modifications to a contract will be made in writing.

- (1) Changes – If conditions are uncovered at the site that differ from the plans and specifications, inform the CONREP/CSR immediately and follow this with a letter to the ROICC. Your superintendent should read FAR 52.236-2, “Differing Site Conditions”. We expect no more and no less than what the terms of the contract require. The contractor is to perform only work included in the plans and specifications unless authorized otherwise in writing by the ROICC. Any claim for a price adjustment based on any such change order must be submitted to the ROICC in writing within 30 days of the receipt of the order. Proposals that include a change in the contract cost must be accompanied by a cost breakdown (see enclosure (10)); Contractor computer or detailed estimate format may be used in lieu of the reverse side of enclosure (10). The contractor may use other than the standard overhead rates only if he has the rates confirmed by a Government audit.
- (2) Equipment ownership and operating costs come from the Corps of Engineers publication CP1110-1-8. Required copies of the Equipment Expense Schedule (EP 1110-1-8), Stock No. 008-022-00285-5 may be obtained by sending a \$26 check, money order, MasterCard or Visa number to:

Superintendent of Documents
PO BOX 371954
Pittsburgh PA
Telephone: (202) 512-2250

The primary point of contact for the contractor's Project Superintendent, Foreman and Quality Control representative's routine and daily questions involving construction quality standards, testing procedures and CQC inspections. This position is not authorized to direct changes that involve time and/or money. However, the CONREP is authorized to initiate minor field changes, which do not involve time and/or money, for approval by the AROICC/AREICC.

- (9) Contract Surveillance Representative (CSR) – Responsible for day-to-day quality assurance on service contracts. Reports to Supervisory CSR.
- (10) Procurement Technician (PT) – Reports to the Supervisory Contract Specialist. Responsible for the day-to-day general administration of the contract to include processing of contractor invoices, final payments, insurance certificates, etc.
- (11) Secretary – Reports to the Supervisory Contract Specialist. Responsible for the day-to-day general administration of the ROICC office and processing of area clearances for contractor personnel.
- (12) Contractor Superintendent – The prime contractor must have a superintendent on the job site whenever work is in progress. He must be identified by official correspondence stating his qualifications and the extent of his authority. The contractor must have on the job site at all time, when work is in progress, a qualified supervisor who reads, writes, and speaks English well and fluently speaks the language of any non-English speaking workers.

C. INSPECTION

Regardless of whether a contract includes the requirement for the contractor to have a quality control plan and representative, the contractor is responsible for the quality of work on the job. The contractor must maintain an adequate inspection system and ensure the work conforms to the contract requirements. The contractor must maintain complete inspection records and make them available to the Government. The Government can inspect and test at all places and at all reasonable times to ensure compliance with the contract. Enclosure (33) may be used to inform the contractor if there are any major quality control problems.

D. PERSONNEL

- (1) Identification Pass – On arrival; all employees must report to the Base Pass and Identification Office in Building 865 across the street from the Naval Station Boat Shed and west of Base Police Building 655, for photographs, fingerprinting, and issuance of Base Identification Cards. Contact Pass and ID at phone 3730 for an appointment. Employees will need a copy of the area entry approval message or the approved "Area Clearance Request;" enclosures (1) or (2).
- (2) Population Report – Prior to the 20th of each month, each contractor firm shall provide a Population Report to the ROICC office formatted in accordance with enclosure (11) listing all employees and their dependants, status, place of residence and citizenship. This data is used to compile a "Base Population Report", provide feeder information for utility allocation and charges, inform the Base Post Office of personnel aboard, and as an off-hours locator.
- (3) Travel – After employees have arrived at Guantanamo and received identification cards, movement in or out of the Base requires that a travel authorization (either enclosure (12) or (13)) be prepared by the contractor and submitted to the ROICC office for approval and the assignment of a travel order number. (Travel authorizations are not required when contractor or Base residents fly with Tropical Aviation or private aircraft). These authorizations must be taken to the Base Operations Department (along with the "Area Clearance Request", for first time incoming travel), then to the Personnel Support Detachment (PSD) Travel office in Building 2144, Bulkeley Hall (2nd floor) for purchasing tickets and for manifesting.

assistance. Enclosure (15) is a typical preconstruction conference agenda, which may be varied to suit each contract. When preliminary contact is required prior to scheduling the work an initial conference may be scheduled. Preconstruction conference minutes (enclosure 15A) will be provided by the ROICC office prior to or during the meeting for completion.

5. **SAFETY/HEALTH**

A. **Safety Plan** – The Naval Facilities Engineering Command (NAVFACENGSCOM) has established an intensive safety program to ensure safe and healthful working conditions for every person involved in NAVFAC contract construction. The contractor is required to submit a written proposal for implementing the "Accident Prevention/Safety Program". The safety requirements of the U.S. Army Corps of Engineers *Safety and Health Manual*, EM 385-1-1 (as revised), and the Occupational Safety and Health Administration (OSHA) shall be adhered to at all times on all jobs and shall be used to guide preparation of the contractor's safety plan. The safety plan must include an activity hazard analysis phase plan as explained in Appendix Y or EM 385-1-1. If a life-endangering safety violation occurs, the ROICC or his representative has the authority to stop work until the violation is corrected. The following outlines the minimum requirements for a safety plan:

- (1) Acknowledge that the prime contractor is responsible for ensuring a sanitary, safe, and healthy work environment.
- (2) A layout drawing of the site indicating access roads, fire and ambulance lanes, first aid stations, danger alarm systems (if required), offices, parking for private vehicles and equipment, and storage areas for flammable liquids and paints. State that all trailers shall be securely anchored for protection from high winds.
- (3) Emergency telephone numbers and a map indicating the route to be taken to the Base hospital if an emergency occurs. This information must be posted at all first aid stations. State plans for providing medical service. Include a medical emergency plan (see paragraph 5.B below).
- (4) Name the contractor's safety representative, state his qualifications, and state his authority to direct work stoppages and expend funds to eliminate dangerous conditions.
- (5) State the frequency that safety inspections will be conducted by the contractor's safety representative.
- (6) State that a hot work permit will be obtained from the Fire Department prior to starting any hot work.
- (7) State the plan to inform contractor employees and Government personnel of potential hazardous materials and chemicals, including posting "Material Safety Data Sheets."
- (8) State the plan to prevent unauthorized discharges of any type; including into the bay, storm drain systems, ditches, or other conveyances. State the plan to respond should a spill occur. For spills on land, the Fire Department (call 911 in an emergency) is the initial response team for containment; followed by the Public Works Department Hazardous Waste (call 4994) which will conduct or direct cleanup. For spills in the bay, Port Services Department (call 4774 in an emergency) responds to contain and clean up. The contractor may have to pay any costs to the Government to respond to a contractor's spill. A procedure that will routinely require discharge of water will be approved in advance and a specific written authorization must be obtained from the ROICC.
- (9) Specifically address the following (from EM 385-1-1). Required copies of the ACOE Safety (EM 385-1-1), stock No. 088-022-0081, may be obtained by sending \$20 check, money order, MasterCard or Visa number to:

Superintendent of Documents
POBOX 371954
Pittsburgh PA
Telephone: (202) 512-1800
Fax: (202) 512-2250

- n. State plans to install all electrical circuits in accordance with the National Electrical Code (section 15.C).
- o. Describe in detail the procedures to lock-out, tag, and ground circuits to be deenergized (section 15.G.01).
- p. State complete procedures to eliminate and/or control hazards while performing work in confined or enclosed spaces (section 27.A).
- q. State plans for covering floor holes and barricading wall and floor openings (section 07.A.13).
- r. State plans for using safety belts, lifelines, and lanyards when practical (section 07.A.13).
- s. State plans for using safety nets in areas where the use of belts and lifelines or scaffolds is not practical (section 07.D).
- t. State plans for providing welding protection, including shields, fire extinguishers, ventilation, hot work permits, and fire watches (section 14.A).
- u. State plans for safely working over or near water (sections 07.D, 07.E, 07.F, and 07.G).
- v. State complete procedures for safely working underwater (section 26.F).

B. MEDICAL EMERGENCY PLAN

The safety plan must include a medical emergency plan in accordance with Section 6 of EM 385-1-1. Provide detailed and comprehensive procedures to be followed to evaluate an employee in the event of a traumatic medical emergency. The information should include an air ambulance service and a receiving hospital that would be used, and the procedures to be followed locally to contact the hospital and the outside resources.

For your information, the following are possible sources for emergency services:

Air Ambulance Service
 Captain Harvy N. Hop
 5500 N.W. 21st Terrace
 Fort Lauderdale, FL 33309
 Work Phone: (305) 565-6633

National Air Ambulance
 Attn: Mr. Tom Boy
 PO BOX 224601
 Fort Lauderdale, FL 33335
 Phone: (305) 359-9400
 Fax: (305) 359-0039

Receiving Hospital
 Dennis Dove, MD
 Broward General Hospital
 1600 S. Andrews
 Fort Lauderdale FL 33316
 Work Phone: (305) 463-5252

- C. LOCAL MEDICAL CARE – As stated in the additional general paragraphs of each contract emergency and routine health and dental care will be provided locally by the U.S. Naval Hospital and Dental Clinic to the extent possible. Costs are covered in Appendix D. All bills for treatment are forwarded to the contractor for payment and not presented to your employees. The contractor is responsible for paying the bills. For Jamaican citizens and Cuban nationals, lesser rates apply for injuries and illness determined not to be job related. All visits to the hospital emergency treatment area are screened by an occupational health nurse to determine whether the injuries or illness are job related.

6. UTILITY OUTAGES

Utility outages must be scheduled when they will cause the least disruption to the users. Frequently, this means outages must occur outside normal working hours. Permission to interrupt any roads or utilities must be requested in writing (using enclosure (17)) no less than 15 calendar days prior to the desired date of the interruption. The CONREP/CSR can assist in processing the outage request. ROICC approval is required prior to starting any outage. The contractor must

- (c) A list of construction equipment on hand and operational and available operators for each piece of equipment. List only equipment relevant to disaster recovery (e.g., backhoes, forklifts, dump trucks, ditching machines, dozers, cranes, bucket trucks, hi-lifts, etc.).
- (d) Indicate if your organization has radio communications capability. These lists will be held by the ROICC office. During the exercises or during a real disaster contractors may be contacted by the ROICC to give recovery assistance. Hurricane shelter assignments for contractors and employees will be promulgated just prior to exercise or the real thing.

12. **WORK OUTSIDE NORMAL WORKING HOURS**

Normal working hours are 0730 to 1630, Monday through Friday (except Federal holidays). The Government recognizes that because of the isolation of the Naval Base and the added cost to house and feed a work force there are mutual benefits in allowing contractors to work outside normal working hours. For example, contractors often work six ten-hour days per week. Contractor requests to work outside normal working hours, including blanket requests, are often approved. However, the ROICC has full authority to approve or disapprove, or withdraw approval of, requests. If the contractor desires to work outside normal working hours (including Saturdays, Sundays, and holidays), he must submit his request to the ROICC. Some typical constraints on working outside normal working hours are:

- (a) The Contractor's request must be made at least two days in advance (e.g., request received by the Government by close of business Wednesday for work on the following Saturday) and must be in the appropriate format and detail (see enclosure (21)). Prior to submitting the request, the contractor must coordinate as needed (such as utility outages) and have all required people and materials for the work that will be performed.
- (b) Work requiring Government in-progress inspection (e.g., concrete placement) might not be approved for performance outside normal working hours if ROICC office staffing and funding cannot support overtime for a CONREP/CSR. This constraint will not apply to a CQC job if the CQC program is working effectively as determined by the ROICC.
- (c) A contractor with quality or safety (including camp and material storage sites) problems (as determined by the ROICC) will usually be restricted to normal working hours.
- (d) A contractor who fails to correct deficiencies within a reasonable time (as determined by the ROICC) will usually be restricted to normal working hours but may be permitted to work outside normal working hours only to correct those deficiencies.
- (e) As much as reasonably possible, the contractor shall schedule his work to cause the least disruption to normal activities. Conflicts, such as disturbing housing occupants after normal working hours, may be cause for limiting work to normal working hours.

13. **SUBMITTALS**

Submittals are to be distributed as stated in the contract. For submittals not sent to the ROICC, send a copy of the transmittal form (enclosure 22) to the ROICC at the time you forward the submittal. Submittals that are always reviewed by LANTDIV are those for asbestos abatement, fire prevention and protection, TABS, and ACATS. Asbestos plans must be approved prior to starting work. All insulation is assumed to be asbestos unless proven otherwise. Submittals are to be made by specification section. For instance, mechanical and electrical items cannot be included in a single submittal. Send all submittals required by one specification section as a single submittal. Send all submittals required by one specification as a complete package. Incomplete packages may be returned. Number the submittals consecutively and add letters to resubmittals (e.g., number 1A is the first resubmittal of submittal number 1). Clearly label each item of the submittal with the applicable contract paragraph number. Submittals from subcontractors must be

freight costs should be shown separately. Each major item of work should be listed with unit measure and quantity. Lump sum quantities should be avoided. For any item listed as a lump sum, no payment will be made by the Government until the item is totally completed, including any testing required and acceptance by the Government. Asbuilt drawings, O&M manuals, and Testing and Balancing (if applicable) should be shown as specific items. The total of all items must equal the contract price. The unit prices should have no more than two decimal places. In multibuilding contracts, the schedule should indicate each building. A "Schedule of Prices" may not be required for contracts using network analysis.

- G. Progress Schedule – As soon as possible after award but not later than five days prior to commencing work, a progress schedule formatted the same as, or similar to the "Schedule of Prices" must be submitted to the ROICC. Enclosure (25) may be used or a similar format for short duration contracts. The progress schedule should indicate the various classes of work, preferably same as schedule of prices, and be broken down into time for preparing submittals, approving submittals, procurement, installation, and inspection. A project "S" curve should be shown on the Schedule being the schedule work in place (not material on site) plotted against time. The progress schedule must be approved before the first payment will be made to the contractor. The contractor must submit an updated progress schedule with each invoice.

NOTE: Recent, and future, solicitations will mandate use of network analysis scheduling utilizing Suretrack Version 3.0 by Primavera Systems, Inc. software of the latest version on compatible with all MS-Windows operating systems (e.g., Win NT, Win 95 etc.)

- H. Subcontractors – The prime contractor is totally responsible for the performance of all subcontractors. As soon as possible, the contractor must submit to the ROICC a list of subcontractors (all tiers) to be used on the job and a Standard Form 1413 (enclosure (26) with inapplicable clause marked out) for each subcontractor. The list should include the name and address of each subcontractor, the nature of the work for each and the telephone numbers of key personnel. A revised list should be submitted if any changes occur.

- I. Daily Reports – For non-CQC jobs the "Contractor's Production Report" Inspector" (enclosure (27)) or for CQC jobs the "Contractor's Quality Control Daily Report" (enclosure (28)) must be turned in to the CONREP BY 10:00 a.m. each day for the previous day's work. In the work force section indirect labor (supervision, CQ staff) should be differentiated from direct labor hours. The report must be accurate, concise, and complete; and should document work accomplished, direction provided, and unusual occurrences. If the CONREP believes essential information was omitted, he may send a memory jogger (enclosure (29)) to the contractor.

- J. Material Submittals – It is important that the contractor make material submittals, particularly for long lead-time items as early as possible. If the item submitted is not what is specified in the contract, check the deviation/substitution box on enclosure (22) and, on a separate sheet of paper, give the following information:

- (1) Reason for the proposed deviation and substitution.
- (2) If the material or equipment specified by the contract is not available, documentation of the contractor's effort to procure it.
- (3) Complete technical data on the proposed deviation or substitution sufficient to determine acceptability.
- (4) Acknowledgment that any other changes caused by the proposed deviation or substitution will be the responsibility of the contractor and no additional cost to the Government.
- (5) Proposed change, if any, to the contract price or time.

Prices” see example enclosure (24), and a separate list of the material must be submitted with the invoice in format similar to enclosure (36).

The units in material on site list, enclosure (36) will not necessarily be the same units shown on the “Schedule of Prices”, enclosure (24).

This list should be updated with each invoice to reflect any materials used and new material delivered. Prior to invoicing for materials, the contractor should have CONREP/CSR inspect the material to confirm the quantity and conformance with the contract. Payment by the Government does not relieve the contractor of the responsibility for security and protection of the material and the required warranties. Change orders must be fully executed before any payment can be made. Change orders should be listed separately on enclosure (35), broken down similarly to the initial “Schedule of Prices”.

Enclosure (24), (35) and (36) are examples/excerpts representing a fictitious contract at GTMO and should be studied together.

B. Work Authorization – Service

Generally work under specific service contracts will be authorized by delivery orders, enclosure (38). Specifics of individual contracts will speak to handling, quality assurance, execution time, and invoicing procedures.

C. Invoice Certification, FAR 52.232-5 – Enclosure (38), must accompany each request for payment (invoice). According to the clause, you are required to make timely payments to your suppliers and subcontractors (within 7 days after receiving payment from the Government). Additionally, you are required to certify that you have made payment to them from proceeds of the payment covered by the certification. If a contractor is suspected of making a false certification, which is considered an allegation of fraud, the contracting Officer is required to investigate the matter, which can result in potential suspension/debarment action.

D. Retainage

- a. Construction – As long as safety, quality, and timeliness on the contract are good, retainage will not be held. Specific retainage will be held for any invoiced items that are not completed to the Government’s satisfaction. Additionally, the government may withhold up to 10% of a contractor’s invoiced amount beyond the 75% dollar-complete point for the job. The percentage to be retained, if any, will usually be based on the safety, quality, and timeliness of the contractor’s work. Retainage may also be withheld for materials on site when the value of the materials on site is a large percentage of the total value of the job, or for specific areas of non-compliance.
- b. Service – Specific service contracts will provide schedules of deductions and/or liquidated damages for particular items as to execution and/or timeliness.
- c. Final Invoice – The invoice for final payment should be submitted after the invoice reflecting 100% completion is processed. This will ensure the correct dollar amount is used on the “Contractor’s Release” (enclosure (40)). The final invoice will be processed only after all punch list items have been corrected, as-built drawings, O&M manuals parts lists have been submitted, and all other contract requirements have been completed.

15. CHANGE ORDERS

Changes to the contract will be avoided if at all possible because they can delay job progress and extend completion dates. Customer requested changes must comply with OPNAVNOTE 11013. It is the ROICC policy to resolve and negotiate all change orders promptly. After-the-fact change orders are not acceptable. If critical work cannot be immediately defined, either a bilateral or unilateral undefinitized change order may be issued to allow work and payment to proceed. Definitization of that change order must occur as soon as possible. The contractor must immediately notify the ROICC in writing of any delays. Consideration will be given to a request for extension of contract time, only when the contractor can clearly demonstrate that a delay was beyond his control and there was no fault or negligence on his part. Delays due to inclement

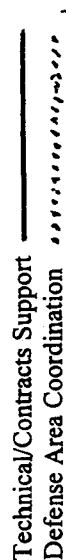
- (c) Operation and maintenance manuals approved by the Government – at least one copy available at UCD.
- (d) Any required training.
- (e) If the contractor is demobilizing:
 - (1) Contractor facilities removed (and sites restored to their original condition) or sold as approved by the OICC/ROICC.
 - (2) Return all employee identification passes and club cards.
 - (3) Closeout of special deposit account and all other base accounts.
- (f) The contractor's release enclosure (40) must accompany the final invoice.

APPENDIX A
FIRMS AND INDIVIDUALS HOLDING AVIATION FACILITIES LICENSES
FOR ENTRY INTO U.S. NAVAL STATION
GUANTANAMO BAY, CUBA

Licensee

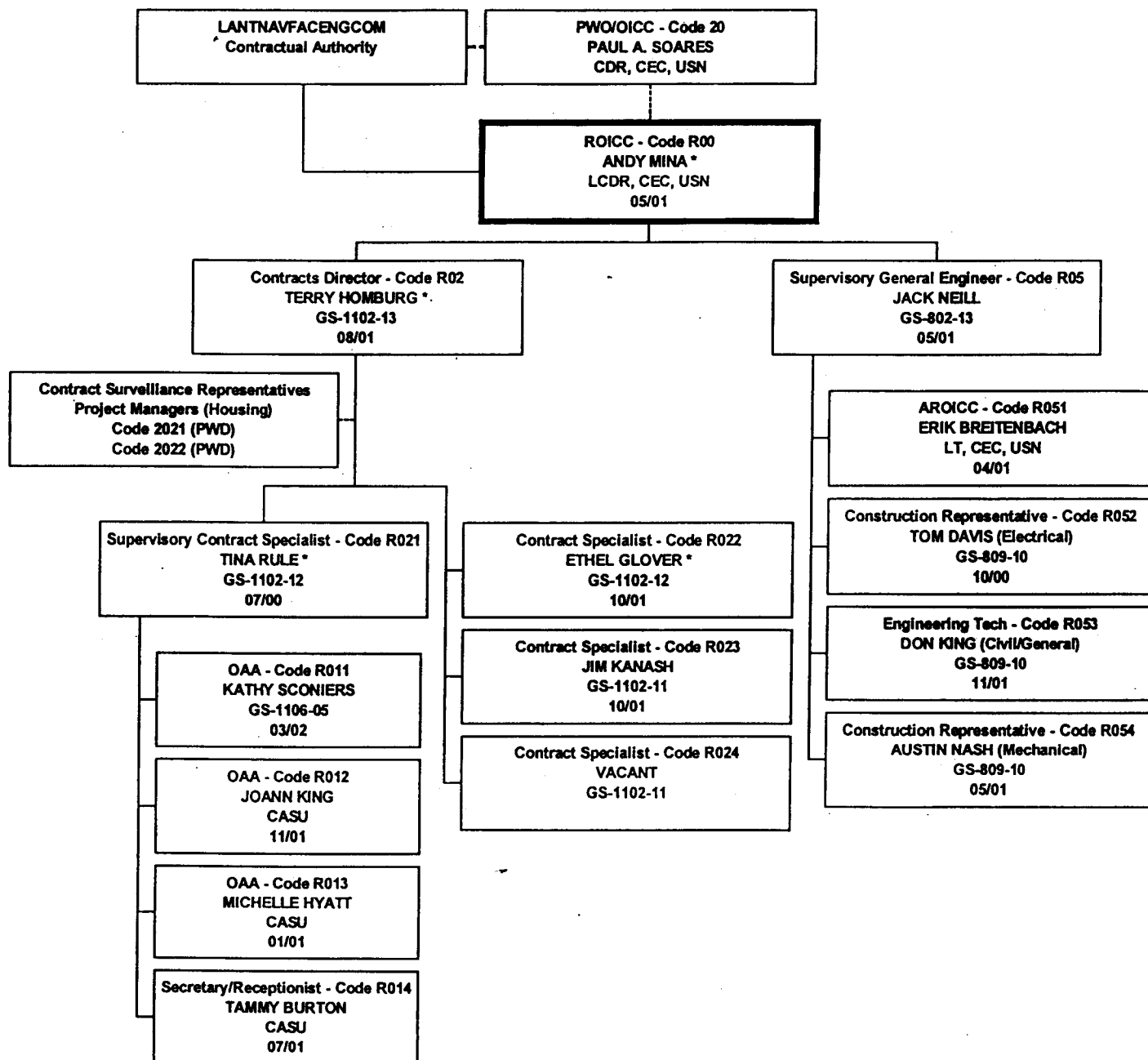
Advance Leasing Company
Aeromet, Inc.
Air Evac Services, Inc.
Air Transport International LLC
America West Airlines, Inc.
American Airlines, Inc.
American International Group, Inc.
American Trans Air, Inc.
Arrow Air, Inc.
Brady, Kevin
Corporate Jets, Inc.
Delta Airlines, Inc.
Emery Worldwide Airlines
Evergreen International Airlines, Inc.
Executive Jet Aviation
Flight International, Inc.
Fuentes, Henri
Kaman Corporation
Lambda Aviation, Inc.
Leslie & Associates
Lindsey, William L.
Lynden Air Cargo LLC
Lynx Air International, Inc.
Matrix Group
Miami Air International, Inc.
Northrop Grumman Aviation, Inc.
Northwest Airlines, Inc.
Stevens Express Leasing, Inc.
Sun Country Airlines, Inc.
Sunworld International Airlines, Inc.
Teamlease, Inc.
Technilink Company
Tepper Aviation, Inc.
The Air Group, Inc.
Tracor Flight Systems, Inc.
United Air, Inc.
United Airlines, Inc.
United Parcel Service Co.
Vantage Leasing, Inc.
World Airways, Inc.

CONTRACTING IN GUANANAMO



APPENDIX C

Resident Officer in Charge of Contracts (ROICC)



* Level II warrant

! Administrative/ADDU authority

APPENDIX D

BASE SUPPORT PRICES

ALL RATES SHOWN WERE CURRENT AT THE TIME THIS GUIDE WAS PRINTED. RATES MAY HAVE CHANGED. THE CONTRACTOR SHOULD CHECK WITH THE PROVIDER TO CONFIRM CURRENT RATES.

1. AIR TRAVEL

PROOF OF CITIZENSHIP IS REQUIRED FOR ALL FLIGHTS. CERTIFIED BIRTH CERTIFICATE (W/RAISED SEAL) OR PASSPORT.

A. Commercial Flights (Charters can be arranged).(1) Tropical Aviation Services Inc. (Division of Air Sunshine).

<u>Flight#</u>	<u>Departs</u>	<u>Arrives</u>	<u>Frequency</u>	
101	FLL 1:30PM	GTMO 5:30PM	Sun, Tues, & Thurs	
102	GTMO 7:30AM	FLL 11:30AM	Mon, Wed, & Fri	
One-way Fare	\$225.00	Round-trip Fare	\$375.00	Plus Tax
Children (under 12)	\$225.00	Round-trip Fare	\$300.00	Plus Tax
1102	GTMO 7:30AM	SRQ 5:00PM	Mon, Wed, & Fri	
1703	SRQ 9:25AM	GTMO 5:30PM	Tues & Thurs	
1723	SRQ 10:25AM	GTMO 5:30PM	Sunday	
One-way Fare	\$275.00	Round-trip Fare	\$475.00	Plus Tax
Children (under 12)	\$200.00	Round-trip Fare	\$400.00	Plus Tax

Children: Children under 2 years travel free. Minimum age for unaccompanied travel is 12 years old.

Pets: All pets must be in Kennel, one pet per kennel, one pet per flight and on a confirmed basis only.

<u>Kennel Size</u>	<u>Ft. Lauderdale</u>	<u>Sarasota</u>
Small (25"x15"x15")	\$ 75.00	\$125.00
Medium (35"x20"x20")	\$125.00	\$175.00
Large (45"x30"x30")	\$250.00	\$350.00

Connecting Flights are available to the Bahamas (Inagua, San Salvador, George Town, Governors Harbor and New Bight). The one-way fare for this connection is \$225 (no tax), and the round-trip fare is \$450 (no tax).

Charter Service is available to the Turks & Caicos, the Dominican Republic, San Juan, US Virgin Islands and the British West Indies.

Excess Baggage (over 40 lbs.): Ft Lauderdale/Bahamas -\$1.50/lb; Sarasota/Others-\$1.75/lb.

NOTE: Prices do not include tax, Leave GTMO the tax is \$20, Arrive GTMO the tax is \$15, and Round-trip tax is \$35.

For reservations:

Guantanamo
US & Canada

Phone 4915
800-327-8900

Fax 4916

Kingston, Jamaica

\$312.00 round trip

One way fares are one-half of round trip fares.

FLIGHT TIME SCHEDULE

Tuesday (75 seats – INBOUND ONLY)

0820 Departs Norfolk (0400 showtime)
0940 Arrive Jacksonville
1130 Departs Jacksonville (0600 showtime)
1335 Arrive Guantanamo Bay
1525 Departs Guantanamo Bay (1100 showtime)
1650 Arrive Roosevelt Roads, PR (*local time in PR)

WEDNESDAY (75 SEATS – INBOUND ONLY)

0850 Depart Roosevelt Roads, PR (0520 showtime)
1025 Arrive Guantanamo Bay (8:30 FERRY)
1215 Departs Guantanamo Bay (0900 showtime)
1430 Arrive Jacksonville (1400 showtime)
1650 Departs Jacksonville
1800 Arrive Norfolk

FRIDAY (32 seats INBOUND AND OUTBOUND)

0700 Depart Norfolk (0500 showtime)
0830 Arrive Jacksonville (11:30 FERRY)
1020 Departs Jacksonville (0800 showtime)
1240 Arrive Guantanamo Bay
1430 Departs Guantanamo Bay (1200 showtime)
1750 Arrive Jacksonville
2110 Arrive Norfolk

Jamaica flight (32 seats) leaves Guantanamo every other Tuesday (showtime 0700), remains overnight in Kingston and returns Wednesday morning (showtime 0700).

CURRENT 2000 SCHEDULE			
OCTOBER	3 RD	17 TH	31 ST
NOVEMBER	14 TH	28 TH	
DECEMBER	12 TH	26 TH	

2. CAR RENTAL (NAVY EXCHANGE)

Located in the laundry building 776 at Sherman Avenue and Bayhill Road; rental cars are for transients and Base personnel use and may not be used for long-term contract execution.

Call: (011) 5399-4316 (Local 4316)

	DAY	WEEK	MONTH	LATE
Newer Models	\$21.00	\$115.00	\$415.00	\$21.00/day
Older Models	\$15.00	\$ 80.00	\$200.00	\$15.00/day

3. FUELS

	<u>CURRENT RATE</u>	<u>ANTICIPATED FY01</u>
Aviation Gasoline (AVGAS)	Not Available	Not Available
Motor Gasoline (MPGAS)	\$ 0.71 per gallon	\$ 1.13 per gallon
Jet Fuel (JP-5)	\$ 0.63 per gallon	\$ 1.03 per gallon
Diesel Oil (DFM)	\$ 0.60 per gallon	\$ 0.88 per gallon

4. EQUIPMENT RENTAL

Rates shown for equipment are without operator but generally includes fuel. Hourly rental charges on all equipment begin when equipment leaves the motor pool or storage location and continue until equipment is

Refuse Container Collection

Overhead or Chain hoist container collection:	\$ 4.27
Container Cleaning:	\$10.50
Bulk Pick-up:	\$30.00 (Quantities up to 8 cu. Yds.)
Dumpster Maintenance:	Parts and Labor (Labor rate is \$5.92 hourly)

7. **PORTABLE TOILETS**

Port-a-let (portable toilet) placement and services may be made by third party arrangements with Kvaerner Process Services, Inc. by contacting their Business Manager, Ed White at 4271.

Port-a-let Services

Initial placement:	\$35.00
Service visit:	\$ 4.00
There is no charge at the conclusion of the service except for the final service visit before the port-a-let is returned to storage.	

SST Service (pumping)

Service visit:	\$.07 per gallon (A minimum \$35.00 charge)
----------------	--

8. **PROCESS SHOP MATERIALS**

Naval Station Public Works Department has shut down its Process shop (some 4 years ago) and no aggregate, top soil, cold mix asphaltic concrete, or ready mixed concrete is available for purchase from the Government.

Ready Mix Concrete is available on Base from The McCarty Corporation under a supply service contract at quotes ranging from \$265.00 to \$315.00 per cubic yard (3000 psi) depending on conditions, location, and quantity. Contact Shirley Sebung at phone 2377. Current Supply contract runs through 30 November 2000 however requests for proposals due to OICC/ROICC GTMO on 11 September 2000 (N62470-00-Q-4518).

9. **HOSPITAL CHARGES**

Hospital Inpatient Stay	\$ 783.00 PER DAY
Surgical Care	\$1,082.00
Gynecological Care	\$1,020.00
Obstetrical Care	\$1,020.00
Pediatric Care	\$ 785.00
Orthopedic Care	\$ 977.00
Psychiatric Care	\$ 479.00
Family Practice Care	\$ 783.00
Same Day Surgery-APV	\$ 426.00
Clinic Visit-Outpatient	\$ 101.00
Immunizations	\$ 19.00 PER SHOT

Jamaican citizens or Cuban nationals for injuries or illness which are determined to be not job related:

Inpatient Care	\$ 45.00 PER DAY
Outpatient Care	\$ 15.00 PER VISIT

10. **JAMAICAN RECRUITMENT**

The GTMO Consolidated Civilian Personnel Office (CCPO) will assist contractors in recruiting Jamaican workers. The cost for this assistance is \$35.00 per person recruited.

11. **ACCOMODATIONS**

A. **Navy Lodge (Navy Release Activity)**

Navy Lodge accommodations are for short term visits such as prebid site visits or management visits and may not be used for contract execution. For reservations call (011) 5399-7970 (Local 7970). Visa, MasterCard, American Express, or Discovery credit cards are accepted.

APPENDIX E **GUANTANAMO CONTRACTORS**

CONTRACTOR/TYPE OF WORK	HOME OFFICE	GTMO FOR LONG DISTANCE (011) 5399-XXXX
Atlantic Controls, Inc. Electrical (BRSC)	904 Anastasia Blvd. St. Augustine, FL 32084 Tel. (904) 824-8340 Fax. (904) 824-0846 Anthony (Tony) Brown E-mail: acc@aug.com	C/O Burns and Roe Services Corporation PSC 1005 BOX 99 FPO AE 09593-0150 Tel. 5157/3126 Fax. 3117 Steve Kleist or Wayne Lambert
Bank of America Base Banking Services (DFAS) Community Bank	300 Convent Street, 4 th Floor San Antonio, TX 78205-3701 Tel. (210) 270-5645	PSC 1005 BOX 199 FPO AE 09593 Tel. 3116 Fax. 3117 Monique Jensen
Bayside Mechanical Contractors, Inc. Mechanical General (ROICC/FSC)	None	PSC 1005 BOX 2800 FPO AE 09593 Tel. 3424 Fax. 3506 Tommy Wyatt
Burns and Roe Services Corporation Program Management DESAL/Power Plant/Utilities (FSC) General Construction (ROICC) Job Order Construction (FSC/ROICC) Port & Harbor Services (FISC/JAX) Air Operations Services (FISC/JAX) Supply Storage & Warehouse (FISC/JAX)	800 Kinderkamack Road Oradell, NJ 08649 Tel. (201) 986-4611 Fax. (201) 986-4635 Mark Fagerlin E-mail: mfagerlin@roe.com	PSC 1005 BOX 99 FPO AE 09593-0150 Tel. 3126 Fax. 3117 Wayne Lambert E-mail: brscpd@gtmo.net J. Adams or R. King Tel. 5063/6064 J. Piefer or James Ray Tel. 5805/5157 L. Ludovici or J. Piefer Tel. 2958 J. Welch or R. Weldon Tel. 5200 D. Pikla Tel. 6305 M. Veditz or T. Yatar Tel. 7335/4160

CONTRACTOR/TYPE OF WORK	HOME OFFICE	GTMO FOR LONG DISTANCE (011) 5399-XXXX
Caribe U.S.A. Inc. Scheduled Ocean Carrier (MSLC/Supply)	15027 SW 52 Lane Miami, FL 33185 Tel. (305) 553-1565 Fax. (305) 220-1767 Bill Lauderdale	C/O Burns and Roe Services Corporation PSC 1005 BOX 99 FPO AE 09593-3117 Tel. 3126 Fax. 3117 Bill Faris or Bill Troxel
Engine Systems, Inc. (ECI) Electrical/Mechanical (BRSC)	11801 NW 100 th Road, Suite #11 Medley, FL 33178 Tel. (305) 885-5575 Fax. (305) 885-6422 Donald G. Storch, Jr.	C/O Burns and Roe Services Corporation PSC 1005 BOX 99 FPO AE 09593-0150 Tel. 5157/3126 Fax. 3117 Steve Kleist or Bill Faris
Ikon Office Solutions Copiers Facsimile (Print Shop)	8081 Phillips Highway, Suite 19 Jacksonville, FL 32256 Tel. (904) 731-3227 ext. 3300 Fax. (904) 731-9018 Bill Stinson	PSC 1005 BOX 28 FPO AE 09593 Tel. 2729 Lindsay Burdek
Integrity Management Services Inc. Full Food Service, Mess Attendants & Cashiers, Caterers (Supply)	12 Clearwater Mall, #237 Clearwater, FL 33764 Tel. (727) 784-8394 Fax. (727) 787-1617 Desia A. Ritson, President	Leeward Galley PSC 1001 BOX 35G FPO AE 09506 Tel. 6289 Fax. 6156 Desia A. Ritson Lynette Wanflow/Admin. Assist
Island Mechanical Contractor, Inc. Mechanical/General (ROICC) Misc. Repairs (FSC)	526 Stockton Street Jacksonville FL 32204 Tel. (904) 394-7997 Fax. (904) 394-7302 Dick Nyberg or Ron Chason	PSC 1005 BOX 2400 FPO AE 09593 Tel. 5703 Fax. 5704 Ray Marsh
Jacksonville Caribbean Broker Services, Inc. Ocean Freight Consolidators (Supply)	8550 Posey Road Jacksonville FL 32220 Tel. (904) 436-0626 or (904) 786-4373 Fax. (904) 786-2100 Ralph Martinez	PSC 1005 BOX 74 FPO AE 09593 Tel. 3016 Fax. 3016 Monique Jensen

CONTRACTOR/TYPE OF WORK	HOME OFFICE	GTMO FOR LONG DISTANCE (011) 5399-XXXX
Kvaerner Process Services, Inc.	7909 Parkwood Circle Drive Houston TX 77036 Dave Kelley (713) 270-2726 William McVicar (713) 270-3103 Fax (713) 271-1202	PSC 1005, BOX 1800 FPO AE 09593 Tel. 4271/4273 Fax. 4287 Henri Fuentes – Fax. 4910 Email- henri.fuentes@kvaerner.com Millard Stump
Base Maintenance Services (FSC)		SPM Henri Fuentes DPM Millard Stump
Construction Contracts (ROICC)		Superintendent Larry Riggs Tel. 5654 Fax. 5655
Fuels (Kvaerner-Willbros (JV)) (DESC)		PM Dan Antonis – Tel. 4734 DPM Jim Ramsey Fax. 4231
Auto Garage (NEX)		Mgr. Jim Teague Tel. 5215
Local Communication Network (LCN) Long Distance Telephone/Operator Services (NCTAMSLANT) (COMM DET – GTMO)	105 Executive Drive, Suite 100A Sterling VA 20166 Tel. (703) 709-7902 Fax. (703) 709-4136 Robert E. McNanley	PSC 1005 BOX 480 FPO AE 09593-0480 Tel. 7533 Fax. 3683 Steve Otis
McCarty Corporation (The) Ready-mix Concrete (Supply)	13946 – A Pond Springs Road Austin TX 78720-3250 Tel. (512) 258-6611 Fax. (512) 258-7915 Camille Lane	PSC 1005 BOX 1600 FPO AE 09593 Tel. 2377 Fax. 2427 Shirley Sebung
McDonalds Fast Food (NEX)	Van Management, Inc. PO BOX 2643 Eads Station Arlington VA 22202 Fax. (703) 273-9870 Max Van Valkenburg	PSC 1005 BOX 38 FPO AE 09593 Tel. 3797 Scott Ross

CONTRACTOR/TYPE OF WORK	HOME OFFICE	GTMO FOR LONG DISTANCE (011) 5399-XXXX
Phoenix Cable TV (PCI One) Cable TV (FSC)	10 S. Franklin Turnpike Ramsey NJ 07446 Tel. (201) 825-9090 Fax. (201) 825-8794 Jim Finley	PSC 1005 BOX 285 FPO AE 09593 Tel. 2510 Fax. 2237 Site Mgr.: Jessie Baker Technician: Michael Marshall
Ratcliff Construction, Inc. General Construction, Roofing (ROICC/FSC)	24 B Industrial Loop, Suite 166 Orange Park FL 32073 Tel. (904) 269-3433 Fax. (904) 269-4633 Paul Ratcliff	PSC 1005 BOX 74 FPO AE 09593 Tel. 4181 Fax. 4118 Mark Ratcliff
Raytheon Aerospace Services, Inc. Aircraft Maintenance (Air Ops)		PSC 1001 BOX 35C FPO AE 09508 Tel/Fax. 6230 Blake Burton
Tropical Aviation Services, Inc. (Division of Air Sunshine, Inc.) Air Passenger Cargo and Purchasing (Ops)	Tropical Aviation 3940 S.W. 12 th Terrace Ft. Lauderdale FL 33315 Tel. (954) 359-8228 Fax. (954) 359-8229 Freight (954) 359-8228 U.S. & Canada (800) 327-8900 Florida (800) 435-8900 Puerto Rico & U.S. Virgin Islands (889) 879-8900 Moe Adili	PSC 1005 BOX 37 FPO AE 09593 Tel. 4915 Fax. 4916
WIT Associates Household Packing and Crating (Supply)	700 Evelyn Avenue Linthicum Heights Baltimore, Maryland 21090 Tel. (410) 636-5053 Ext. 21 Fax. (410) 636-5666 Mario Smoot	PSC 1005 BOX 3120 FPO AE 09593 Tel. 4961/4962 Fax. 4963 Diane Officer

CONTRACTOR AREA CLEARANCE REQUEST

COMNAVBASEGTMO 4650/10

(Used to obtain NAVBASE GTMO approval to bring contractor personnel on board)

STEP 1: Contractor management completes the following information:

I represent _____, who will employ _____
(Employee name and SSN or Passport if Non-US)

for _____ on Contract Number(s) _____
(purpose)

This person was born on _____ at _____
(DOB) (place of birth)

Request copy of clearance be sent to the following mailing address _____

The employee will arrive GTMO by (circle one) (AMC, Tropical, Lynx, other) from _____
(location)
on _____
(date)

The employee will depart GTMO on _____
(expected date)

Employee will be berthed at _____
(location)

I understand that I am responsible for the above named employee while in GTMO, including local support. Further, I affirm that employee, to the best of my knowledge and belief, has not been convicted of a felony by any court within the previous seven years or convicted of any misdemeanor involving violence (to include, but not limited to sexual harassment) or theft (to include, but not limited to, fraud) within the previous three years, nor is the employee currently serving a period of probation for any offense.

(date) (phone #) Authorized Company Representative

Step 2: To be completed by U.S. Naval Station, Housing Department, or Navy Lodge:

I recommend APPROVAL / DISAPPROVAL of this request for clearance.
(circle)

(date) (phone #) Authorized Housing Representative

Step 3: To be completed by Contracting Office (ROICC, FISC, Other _____).

I recommend APPROVAL / DISAPPROVAL of this request for clearance.
(circle)

Recommend issuance of a BASE ID card to expire on _____
(date)

(date) (phone #) Authorized Contracting Agent Signature

Step 4: To be completed by Operations Officer, U.S. Naval Base, Guantanamo Bay, Cuba.

The above request for clearance is APPROVED / DISAPPROVED.
(circle)

(date) (phone #) Authorized Contracting Agent Signature

Information provided is protected under the privacy Act of 1974.

Distribution. Original to employee.
Copy to contractor, contracting agency, Security Pass & ID
Operations

COMNAVBASEGTMO 4650/10 (12/93)

Enclosure (1)

CONTRACTOR DEPENDENT AREA CLEARANCE REQUEST

(Used to obtain NAVBASE GTMO approval to bring dependents of contractor personnel on board.)

COMNAVBASEGTMOINST 4650.8

STEP 1: Contractor management complete the following information:

I represent _____ My employee _____
(Company Name) (Employee name and SSN or Passport if non-U.S.)

on contract number(s): _____

desires to sponsor dependent (circle) (spouse, child) _____
(Dependent name and SSN or Passport if non-U.S.)

This person was born on _____ (date) at _____ (place of birth).

Request copy of clearance be sent to the following mailing address: _____

The dependent will arrive GTMO by (circle one) (Fandango, Tropical, AMC, other _____) from
_____ (location) on _____ (date).

The dependent will depart GTMO on _____ (expected date not to exceed sponsor's).

Dependent will live with sponsor at _____ (location).

I understand that I am responsible for the above named dependent while in GTMO, including local support. Further, I affirm that the dependent, to the best of my knowledge and belief, has not been convicted of a felony by any court within the previous seven years or convicted of any misdemeanor involving violence (to include, but not limited to, sexual harassment) or theft (to include, but not limited to, fraud) within the previous three years, nor is the dependent currently serving a period of probation for any offense.

_____ date _____ phone

Authorized Company Representative

STEP 2: To be completed by Contracting Agency (ROICC, FSC, Other _____).

I recommend (circle) APPROVAL / DISAPPROVAL of this request for clearance.

Recommend issuance of a Base ID card to expire on _____ (date not to exceed sponsor's).

_____ date _____ phone

Authorized Contracting Agency Signature

STEP 3: To be completed by Operations Officer, U.S. Naval Base, Guantanamo Bay, Cuba.

The above request for clearance is (circle) APPROVED / DISAPPROVED.

_____ date

Authorized Representative Signature

Information provided is protected under the Privacy Act of 1974.

DISTRIBUTION: original to employee
copy to contractor, contracting agency, Security Pass & ID,
Operations.

COMNAVBASEGTMO 4650/11 (12-93)

Enclosure (2)

CONTRACTOR AREA CLEARANCE TERMINATION

COMNAVBASEGTMOINST 4650-8

(Used for notifying NAVBASE GTMO of contractor personnel termination and/or hire by another contractor in GTMO.)

STEP 1: Contractor management completes the following information:

I represent _____, who employed _____
(Company Name) (Employee name and SSN or Passport if non-US)

on contract number(s): _____

This person, whose capacity was _____: (fill in as appropriate)

a. ...departed GTMO permanently on _____ by (Tropical, Fandango, AMC, other _____)
(date) (circle one)
to _____
(location)

(or)

b. ... was hired by _____ on _____
(Contractor Name) (date)

NOTE: If employee is being hired by another contractor, this form must be accompanied by a contractor area clearance request (and contractor dependent area clearance request(s), if applicable) by the hiring contractor.

The following dependents resided with the employee at _____:

(Full name and SSN or Passport
Number if non-U.S. Citizen)

(date)

(phone)

Authorized Company Representative

STEP 2: To be completed by Security Pass & ID office

The above named individual's Base ID card(s) previously issued identifying employment with the contractor submitting this form has been returned.

(date)

Authorized Pass & ID Signature

STEP 3: To be completed by releasing Contracting Agency (ROICC, FSC, Other _____).

The above area clearance termination/release to another contractor is duly noted.

(date)

(phone)

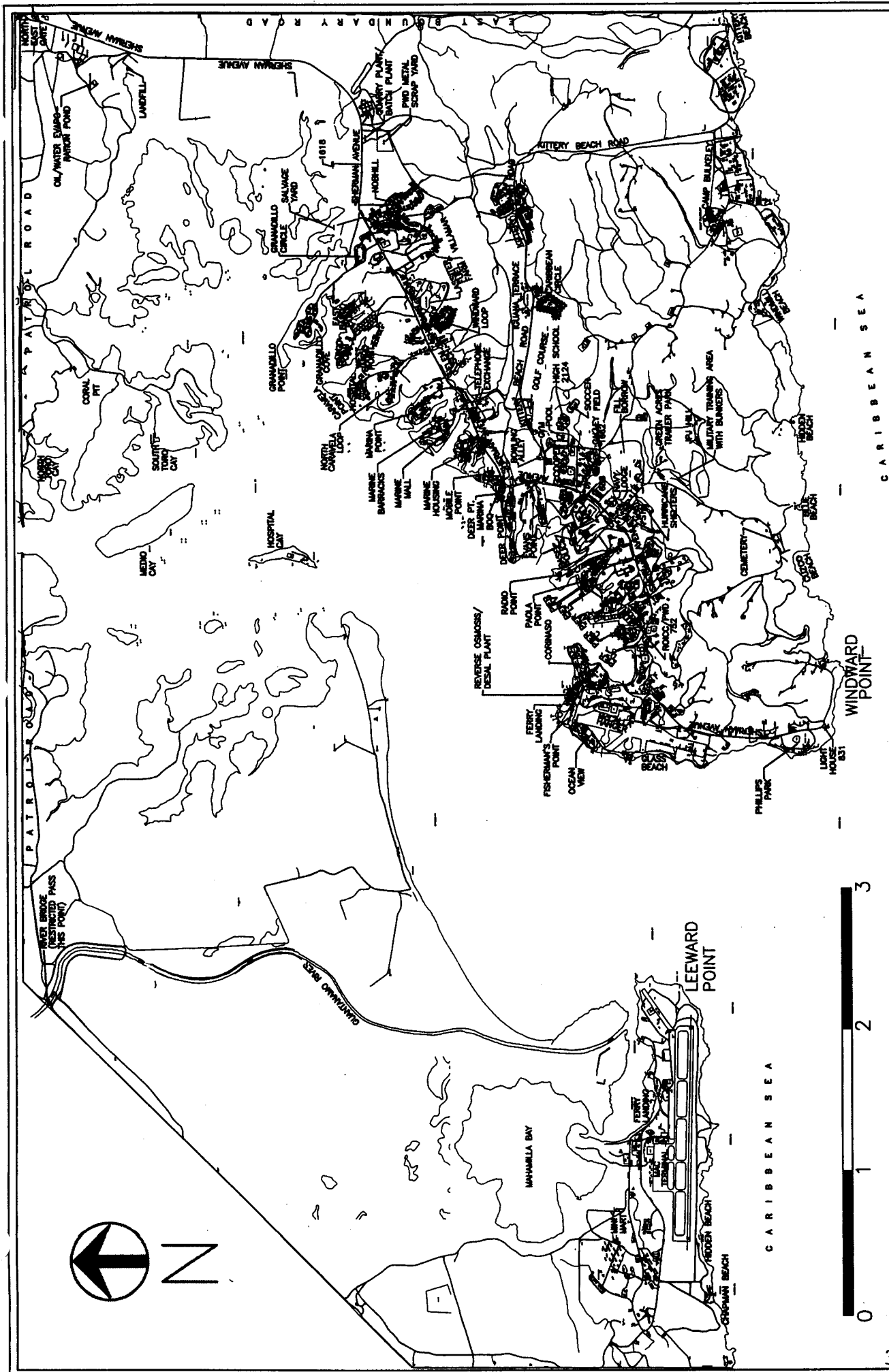
Authorized Representative Signature

Information provided is protected under the Privacy Act of 1974.

DISTRIBUTION: original to employee, copy to contractor,
Contracting agency, Security Pass & ID, Operations.

COMNAVBASEGTMO 4650/12 (12-93)

Enclosure (3)



GUANTANAMO BAY, CUBA

SPECIAL DEPOSIT
ACCOUNT NUMBER
ASSIGNED _____

ANNUAL ESTIMATE
CONTRACTOR SPECIAL DEPOSIT ACCOUNT

CONTRACTOR: _____

CONTRACT NO: _____ TITLE: _____

SERVICE

ANNUAL
ESTIMATE

- | | | |
|----|--|-------|
| 1. | SUPPLY | |
| | a. Bulk fuel deliver \$ _____ /month X _____ months----- = | _____ |
| | (If only Navy Exchange Activity Gas Station utilized is zero) | |
| | b. Servmart: \$ _____ /month X _____ months----- = | _____ |
| | c. Other Material purchases (standard stock) ----- = | _____ |
| | d. Oxygen and Acytelene: \$ _____ /month X _____ months----- = | _____ |
| 2. | UTILITIES | |
| | a. Warehouse/Office/Shop \$550.00 /month X _____ months----- = | _____ |
| | b. Family Quarters _____ each X440.00/month X _____ months-- = | _____ |
| | c. Compaction Water (metered) _____ total CY X \$2.10/CY---- = | _____ |
| 3. | REFUSE: _____ CY/Week X _____ weeks X \$1.51/CY = | _____ |
| 4. | EQUIPMENT RENTAL (Estimate with CONREP) ANNUAL----- = | _____ |
| 5. | JAMAICAN RECRUITMENT: _____ People X \$35.00/EA = | _____ |
| 6. | PORT SERVICES | |
| | a. Tug/Pusher: _____ hours X \$265.00----- = | _____ |
| | b. Harbor Pilot: _____ hours X \$25.00----- = | _____ |

TOTAL ANNUAL ESTIMATE \$ _____

Note: Use number of months
expected to on Base or 12
months if over one year for
calculations.

Initial Deposit to be 1/16th or
two months of annual total \$ _____

VALIDATED:

PWD MCD

CONTRACTOR _____

ROICC CONREP _____

SUPPLY

COMPTROLLER
(Special Deposit Accounts)

Enclosure (5)

- FRONT -

WORK REQUEST (MAINTENANCE MANAGEMENT)
 NAVFAC P-11014/20 REV. 2-681 S/N 0103-LF-002-7510
 Supersedes NAVDOCKS 2351
(PW Department use Instructions
in NAVFAC MO-321)

Requestor see Instructions on Reverse Side

PART I—REQUEST (Filled out by Requestor)	
1. FROM	2. REQUEST NO.
3. TO	4. DATE OF REQUEST
5. REQUEST FOR <input type="checkbox"/> COST ESTIMATE <input type="checkbox"/> PERFORMANCE OF WORK	6. REQUEST WORK START
4. FOR FURTHER INFORMATION CALL	7. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
8. DESCRIPTION OF WORK AND JUSTIFICATION (Including location, type, size, quantity, etc.)	

PART II—COST ESTIMATE (Filled out by Maintenance Control Division if estimate requested)	
9. FUNDS CHARGEABLE	10. SIGNATURE (Requesting Official)
11. TO:	12. ESTIMATE NO.
13. COST ESTIMATE	14. SKETCH/PLAN ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
a. Labor \$	15. <input type="checkbox"/> APPROVED. PROGRAMMING TO START IN _____ <input type="checkbox"/> APPROVED. BASED ON PRESENT WORKLOAD, THIS JOB CAN BE PROGRAMMED TO START IN _____ IF AUTHORIZED BY 25TH OF _____ AND FUNDS ARE MADE AVAILABLE. <input type="checkbox"/> DISAPPROVED. (See Reverse Side)
b. Material \$	
c. Overhead and/or Surcharge \$	
d. Equipment Rental/Usage \$	
e. Contingency \$	
f. TOTAL \$	16. SIGNATURE
17. DATE	

PART III—ACTION (Filled out by Requestor)	
18. TO:	19. AUTHORIZATION TO PROCEED IS ATTACHED (Check one if other than PW funds are involved) <input type="checkbox"/> NAVCOMPT 140 <input type="checkbox"/> OTHER
20. WORK REQUESTED <input type="checkbox"/> HAS BEEN CANCELLED <input type="checkbox"/> HAS BEEN DEFERRED <input type="checkbox"/> WILL BE PERFORMED BY OTHERS	21. SIGNATURE
22. DATE	

.. (See Part IV on Reverse Side)

CONTRACTOR NAME **SPECIAL DEPOSIT**
ACCOUNT NUMBER

SPECIAL DEPOSIT BILLING
 THRU 31 JULY FY00

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	TOTAL
MONTHLY CHARGES													
PP&E WATER	736.21	851.44	828.49	879.57	733.86	836.49	939.01	930.30	1,029.29				7,764.66
ELEC	1,916.31	2,124.47	1,771.21	1,691.69	2,151.65	2,063.67	2,356.66	2,338.25	2,583.70				18,999.61
PORT-A-POTTIES													-
REFUSE													-
MATERIAL													-
EQUIPMENT RENTAL													-
HAZMAT		309.93	132.26	80.87		106.62	28.53	23.05	73.40				754.66
HAZ WASTE													-
SUB-TOTAL													27,518.93
FUEL	1,305.43	537.92	2,483.17	241.33	1,386.75	1,179.61	1,084.01	1,922.18	1,771.07				11,911.47
MATERIAL	478.46	649.78	742.88	561.82	793.98	1,063.02	796.28	783.68	1,176.44				7,049.34
HAZ WASTE							56,190.00						56,190.00
TOTAL	4,436.41	4,473.54	5,958.01	3,455.28	5,066.24	5,249.41	61,399.49	5,997.46	6,633.90	-	-	-	102,669.74
TOTAL BILLED	4,436.41	4,473.54	5,958.01	3,455.28	5,066.24	5,249.41	61,399.49	5,997.46	6,633.90	-	-	-	102,669.74
PAYMENT													
CHECK NUMBER													
MONTHLY PAYMENT	4436.41	4473.54			14,240.73	5249.41	43939.22						72339.31
REFUND FROM FY99							17460.27						17460.27
ADDITIONAL PYMT.	238.80												238.80
TOTAL PAYMENT	4,675.21	4,473.54	0.00	0.00	14,240.73	5,249.41	61,399.49	0.00	0.00	0.00	0.00	0.00	90,038.38
BALANCE	(238.80)	-	5,958.01	3,455.28	(9,174.49)	-	(0.00)	5,997.46	6,633.90	-	-	-	12,631.36
DATE COLLECTED	2/7/00	2/7/00			4/3/00	5/3/00	6/28/00						
SECURITY DEPOSIT \$ 2787.00													

Enclosure (7)

WAGES THE GOVERNMENT PAYS TO JAMAICAN WORKERS
GUANTANAMO BAY, CUBA

Excerpted from CINCLANTFLT Wage Schedule of 14 Feb 99 applying to DOD non U.S. Citizen appropriated and non-appropriated fund employees.

TRADE	BASE RATES PER HOUR IN U.S. DOLLARS		
	Initial Hire	After 6 Months	After 18 Months
Common Laborer	3.44	3.55	4.75
Trade Laborer	3.53	3.92	4.49
Heavy Laborer	4.64	4.81	5.51
Warehouseman	4.84	5.02	5.75
Truck Driver (2 ½ ton)	4.58	4.85	5.20
Heavy Truck Driver	5.00	5.33	5.65
Equipment Operator (Gen.)	5.25	5.62	5.78
Trade Worker (Gen.)	5.33	5.69	6.05
Carpenter	6.27	6.49	6.71
Painter			
Plumber			
Concrete Finisher			
Mason			
Equip. Operator (Special)			
Electrician			
Pipe Fitter			
Welder	7.07	7.32	7.57
Crane Operator			
High Tension Electrician			
Telephone Mechanic			
Journeyman Specialists			

1. Benefits and allowances add about 10.8% to these base rates.
2. Crew leaders or working foremen make about \$1.00 per hour, with supervisors about \$1.50 to \$2.00 per hour, over these base rates.

Enclosure (8)

RADIO COMMUNICATIONS EQUIPMENT/FREQUENCY USAGE REQUEST

Date:

From: (Contractor Firm)

To: Commander, Naval Base, Guantanamo Bay, Cuba

Via: Frequency Coordinator, Naval Computer and Telecommunications Area Master Station
Atlantic, Detachment, Guantanamo Bay, Cuba

Subj: RADIO FREQUENCY USAGE AT NAVAL BASE, GUANTANAMO BAY, CUBA

Ref: (List any phone conversations, correspondence, e-mail, etc.)

Encl: (include any drawings, diagrams, pictures or amplifying information)

1. I request authorization to operate radio communications equipment aboard U. S. Naval Base, Guantanamo Bay, Cuba.

2. The following information is submitted:

a. Base Stations (fixed)

- (1) Type of radio (make/model)
- (2) Quantity
- (3) Power Output (max)
- (4) Tuning Range
- (5) Operating Frequency (transmit and receive) (primary and secondary)
- (6) Location (s)

b. Mobile Units (Vehicle)

- (1) Type of radio (make/model)
- (2) Quantity
- (3) Power Output (max)
- (4) Tuning Range
- (5) Operating Frequency (transmit and receive) (primary and secondary)
- (6) Year, Make, Model and Tag number

Enclosure (9)

PROPOSAL/ESTIMATE FOR CONTRACT MODIFICATION

DATE:

NAVFAC 4330/43 (8/88)

CONTRACT TITLE:

CONTRACT NO:

ROICC OFFICE:

DESCRIPTION:

PRIME CONTRACTOR'S WORK				Revisions/Comments
1. Direct Materials				
2. Sales Tax on Materials	% of line 1	%		
3. Direct Labor				
4. Insurance, Taxes, and Fringe Benefits	% of line 3	%		
5. Rental Equipment				
6. Sales Tax on Rental Equipment	% of line 5	%		
7. Equipment Ownership and Operating Expenses				
8. SUBTOTAL (add lines 1 - 7)				
9. Field Overhead	10.00% of line 8	%		
10. SUBTOTAL (Add Lines 8 & 9)				

Prime Remarks:

SUB-CONTRACTOR'S WORK				
11. Direct Materials				
12. Sales Tax on Materials	% of line 11	%		
13. Direct Labor				
14. Insurance, Taxes, and Fringe Benefits	% of line 13	%		
15. Rental Equipment				
16. Sales Tax on Rental Equipment	% of line 15	%		
17. Equipment Ownership and Operating Expenses				
18. SUBTOTAL (add lines 11 - 17)				
19. Field Overhead	10.00% of line 18	%		
20. SUBTOTAL (add lines 18 & 19)				
21. Home Office Overhead	3.00% of line 20	%		
22. Profit	% of line 20	%		
23. SUBTOTAL (Add Lines 20 - 22)				

Sub's Remarks:

SUMMARY				
24. Prime Contractor's Work (from line 10)				
25. Sub-contractor's Work (from line 23)				
26. SUBTOTAL (add lines 24 & 25)				
27. Prime Overhead on sub-contractor	5.00% of line 25	%		
28. Prime's Home Office Overhead	3.00% of line 24	%		
29. Prime's Profit	% of line 26	%		
30. SUBTOTAL (add lines 26 - 29)				
31. Prime Contractor's Bond Premium	% of line 30	%		
32. TOTAL COST (Add Lines 30 & 31)				

Estimated time extension and justification

Prime Contractor name:

Sub-contractor name:

Signature & Title of preparer

Date

15 September 2000

TO: ROICC GTMO CONTRACTORS

Please have your Population Report completed and into the ROICC office by COB the twentieth day of each month (in cases where the 20th is a weekend or holiday period, we do request an early turn in.) Some contractors have not been using the format below and it is increasingly difficult to maintain an accurate list of your employees. I, therefore, ask that you pay attention to the details of the report.

A. COMNAVBSGTMOINST 5314.1E dated 18 Oct 1991 requires the population report be submitted in the format listed below.

1. U.S. Contractors

Name

Quarters

Total U.S.: _____

2. U.S. Contractor Dependents

Name

Quarters

Total U.S. dependents: _____

3. Non-U.S. Contractors

Name

Nationality

Quarters

Total non-U.S. Contractors: _____

4. Non-U.S. Contractor Dependents

Name

Nationality

Quarters

Total non-U.S. Contractor dependents: _____

5. Military Employees Dependents

Name

Quarters

Total Military dependents: _____

6. CONUS Hire Employees Dependents

Name

Quarters

Total CONUS hire dependents: _____

7. Persons no longer employed since last report.

Note: List all employees on Population Report. If on leave, indicate with "on leave". Numbers 5 and 6 above are counted elsewhere. Please list military dependents and CONUS hire dependents as such. Please add item no. 8 to the Population Report as shown below:

8. Persons Employed Since Last Report

Name

Nationality

Quarters

It is important that items 6, 7, and 8 be completed so that location database may be easily and accurately updated. Persons listed under section 8 should not be listed under section 1 thru 3 as these may be recounted.

Submit quarters for each employee (as well as quarters owned but not occupied) so that proper utility charges can be made with less chance of error. The ROICC utilities report is taken from figures given on the Population Report you submit.

Tammy Burton, Secretary
ROICC GTMO

Enclosure (11)

DEPARTMENT OF THE NAVY
OFFICER IN CHARGE OF CONSTRUCTION
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL FACILITIES ENGINEERING COMMAND CONTRACTS
Box 37, Fleet Post Office
New York 09593-1037

IN REPLY REFER TO:

From: Resident Officer in Charge of Construction, U.S. Naval Base, Guantanamo Bay, Cuba

To:

Subj: INCOMING CONTRACTOR'S EMPLOYEE TRAVEL AUTHORIZATION

Ref: (a) Contract

1. In accordance with the provisions of reference (a), the ROICC Office is requesting area entry approval be granted by the Operations Office to travel via military aircraft from
to on

2. The purpose of this travel is

3. Under the terms of the contract, this travel is at your expense; therefore, you are to purchase a cash voucher in the amount of representing your fare at the International Tariff Rate.

4. Travel order number assigned is



DEPARTMENT OF THE NAVY
OFFICER IN CHARGE OF CONSTRUCTION
RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
NAVAL FACILITIES ENGINEERING COMMAND CONTRACTS
BOX 37, FLEET POST OFFICE
NEW YORK 09593 1037

TELEPHONE NO
COM
OII 53 00 4162/4814/44
A/V 564 4063/4162/4814/
TELEX VIA ITT: 494673
IN REPLY REFER TO:

From: Resident Officer in Charge of Construction, U.S. Naval Base, Guantanamo Bay, Cuba

To:

Subj: OUTGOING CONTRACTOR'S EMPLOYEE TRAVEL AUTHORIZATION

Ref: (a) Contract

1. In accordance with the provisions of reference (a), you are hereby authorize to travel via military aircraft from _____ to _____ on _____
2. The purpose of this travel is _____
3. Under the terms of the contract, this travel is at your expense: therefore, you are to purchase a cash voucher in the amount of _____ representing your _____ fare at the International Tariff Rate.
4. Travel order number assigned is _____

VISITOR PASS REQUEST

From: _____

(RANK/RATE/GRADE) (FIRST NAME) (MI) (LAST NAME) (SSN) (COMMAND/DEPT) (PHONE)

To: Commander, U. S. Naval Base, Guantanamo Bay, Cuba

Subj: VISITOR REQUEST

1. Respectfully request permission to sponsor the following visitor(s):

FULL NAME & SSN	AGE	SEX	RELATIONSHIP	CITIZENSHIP
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Incoming travel arrangements will be made from:

Norfolk, Virginia to Guantanamo Bay, Cuba on _____

Kingston, Jamaica to Guantanamo Bay, Cuba on _____

Jacksonville, Florida to Guantanamo Bay, Cuba on _____

Other _____

3. Outgoing travel arrangements will be made from:

Guantanamo Bay, Cuba to Norfolk, Virginia on _____

Guantanamo Bay, Cuba to Kingston, Jamaica on _____

Guantanamo Bay, Cuba to Jacksonville, Florida on _____

Other _____

4. Visitor(s) will reside in quarters _____, assigned to:

SIGNATURE OF HOST (If other than sponsor)

5. I am eligible to sponsor the above visitor(s) and agree to abide by all visitor regulations as outlined on the reverse of this form. When my visitor(s) arrives, I will ensure they obtain a Visitor Pass and when they depart, I will ensure the Visitor Pass is returned within 8 hours.

SIGNATURE OF SPONSOR

() Recommend Approval () Recommend Disapproval

() Recommend Approval () Recommend Disapproval

() Recommend Approval () Recommend Disapproval

() Approved () Disapproved

(Requestor's Department Head)_____
(NAVSTA Housing Officer/Navy Lodge/BOO/BEO)_____
(Security Pass & ID Office)_____
(COMNAVBASE Operations Officer)

Submit in Quadruplicate

Original to Requestor

Copy 1 to Visitor

Copy 2 to Operations

Copy 3 to Security Pass & ID

PRECONSTRUCTION CONFERENCE AGENDA

1. Introduction (Government/Contractor)
2. Go over "Contractor Guide"
3. Required Documents
 - a. Performance and Payment Bonds
 - b. Certificate of Insurance
 - c. Schedule of Prices
 - d. Schedule of Progress
 - e. Subcontractor List
 - f. Safety Plan
 - g. CQC Plan
 - h. Submittal Status Log
4. Direction to Contractor
5. Scheduling Constraints (with user)
6. Mobilization
 - a. Warehousing
 - b. Laydown/Yard
 - c. Crew Berthing
 - d. Messing
 - e. Families
7. Submittals
8. Standards of Conduct
9. Warranties
10. Construction (Plans/Specs) specifics

PRECONSTRUCTION CONFERENCE

MINUTES

DATE: _____

CONTRACT: _____

CONTRACT COMPLETION DATE: _____ CONTRACT AMOUNT: _____

CONTRACTOR: _____

*PROJECT MANAGER: _____

*JOB SUPERINTENDENT: _____

*SAFETY REPRESENTATIVE: _____

*CQC REPRESENTATIVE: _____

*CONTRACTOR'S EMERGENCY CONTACT AFTER NORMAL WORKING HOURS:

NAME: _____

TELEPHONE: _____

*CONTRACTOR'S CONTACT FOR ADMINISTRATIVE MATTERS:

NAME: _____

TELEPHONE: _____

GOVERNMENT: _____

ASSISTANT RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
 (AROICC): _____

CONSTRUCTION REPRESENTATIVE (CONREP): _____

LIST OF OTHERS PRESENT:

NAME (PLEASE PRINT)	AFFILIATION/POSITION	TELEPHONE NO.

The contractor is responsible for making his own arrangements for temporary utilities with the station Public Works Department and for providing meters and making all connections. Utility service request forms are distributed as needed.

- *8. The Government assumes no liability for loss or damage of contractor facilities, vehicles, equipment, tools, and materials. The contractor will require space at the site for the following (if available):

Proposed Locations

- ☐ Field Office
- ☐ Enclosed field storage
- ☐ Open field storage
- ☐ Vehicle parking
- ☐ Temporary access roads

9. The activity will arrange for the following: _____ ACE,
Ext. _____.

- ☐ Contractor access to work area
- ☐ Keys
- ☐ Space discussed in Item No. 8 above

- *10. Normal activity operating hours:

Days of the week: _____
Time: _____

The contractor ☐ will ☐ will not want to work outside these operating hours.

11. Material or equipment which must be moved by the activity (Government): _____

12. Special protection required for Government property in the area (Items affected and protection required): _____

13. Security problems or other restrictions on contractor's access to site and resolutions of same: _____

14. The using activity ☐ will ☐ will not be able to vacate the work areas. Periods of mutually agreeable joint occupancy by the contractor and activity: _____

17. The following procedures govern operations in critical areas:

18. The following are additional special conditions particular to the contract:

19. Safety, fire protection, police, special interest discussions. Activity representatives can be dismissed as appropriate.

*20. Contractor's questions concerning the Contractor Guide and the Government's responses:

*21. Other items of discussion:

The contractor acknowledges having read the "Contractor Guide," understands the contents fully, and will comply. The contractor and the Government agree that the information in the "Preconstruction Conference Minutes" is accurate.

Contractor:

Government:

Project Manager_____

AROICC_____

Job Superintendent_____

CONREP_____

Safety Representative_____

CQC Representative_____

- FRONT -

STANDARD FORM 92
 PROMULGATED IN C. 1947 BY
 BUREAU OF THE BUDGET
 CIRCULAR A 5 (REV.)
 12-107

SUPERVISOR'S REPORT OF ACCIDENT

DO NOT USE FOR MOTOR VEHICLE OR AIRCRAFT ACCIDENT

(See Instructions on Back. Use Additional Sheets if Necessary)

Section I	REPORTING UNIT	1. TO: (Appropriate Headquarters)		2. ACCIDENT OCCURRED IN		DO NOT USE		
		1. FROM: (Reporting Dept., etc., and location—Include town and State or foreign country)		GOVERNMENT OPERATION	CONTRACTOR OPERATION		CODE	
Section II	WHEN, WHERE, HOW, AND WHY ACCIDENT OCCURRED AND CORRECTIVE ACTION	3. DATE OF ACCIDENT		4. TIME		5. EXACT LOCATION OF ACCIDENT		
		6. DESCRIPTION BY INJURED PERSON: IF PROPERTY DAMAGE ONLY, BY PERSONS MOST CLOSELY ASSOCIATED WITH ACCIDENT (Tell the complete story of what happened; no signature required.)						
		7. DESCRIPTION BY RESPONSIBLE SUPERVISOR—CIVILIAN OR MILITARY (What led up to the accident, how did accident actually happen? Explain if anything was wrong with equipment, material, or layout and what was done wrong. Be specific.)						
		8. WHAT ACTUALLY HAS BEEN DONE TO CORRECT CONDITIONS CAUSING THE ACCIDENT?						
		9. WHAT REMAINS TO BE DONE TO CORRECT SUCH CONDITIONS AND WHY?						
Section III	CONSEQUENCES AND RELATED DATA	10a. INJURY TO: (Check one)			10b. PROBABLE DISABILITY (Check one)		10c. ESTIMATED DAMAGE TO PROPERTY OR EQUIPMENT (Fill in one or more)	
		REPORTING AGENCY						
		(1) MILITARY PERSONNEL	(2) CIVILIAN PERSONNEL	(3) CONTRACTOR PERSONNEL	(1) DEATH	(4) TEMPORARY TOTAL	(1) REPORTING AGENCY	\$
		OTHER			(2) PERMANENT TOTAL	(5) TEMPORARY PARTIAL	(2) CONTRACTOR*	\$
		(4) OTHER FEDERAL AGENCY PERSONNEL		(5) NONFEDERAL PERSON	(3) PERMANENT PARTIAL	(6) FIRST AID	(3) OTHER FEDERAL AGENCY	\$
							(4) NONFEDERAL	\$
								* Contractor of reporting agency
		11. DESCRIPTION OF PROPERTY OR EQUIPMENT DAMAGED						
		12. OWNERSHIP OF PROPERTY OR EQUIPMENT DAMAGED (Name and home address)						
		13. NAME AND HOME ADDRESS OF INJURED					14. SEX	16. BADGE OR SERVICE NO.
					15. AGE			
17. REGULAR OCCUPATION OF INJURED					18. OFFICIAL ASSIGNMENT AT TIME OF ACCIDENT			
19. NATURE OF INJURY AND PART OF BODY INVOLVED					20. DATE INJURED STOPPED WORK		21. DATE INJURED RETURNED TO WORK	
Section IV	WITNESSES	22. NAMES AND ADDRESSES OF WITNESSES						
Section V	SUPERVISOR	23. DATE		TITLE (Civilian or military)		SIGNATURE OF SUPERVISOR		
Section VI	REVIEW AND COMMENT	24. COMMENTS ON ADEQUACY OF CORRECTIVE ACTION TAKEN, OR PLANNED, INCLUDING PROGRESS ON PENDING ACTIONS						
		25. DATE		TITLE (Civilian or military)		SIGNATURE OF REVIEWING OFFICIAL		

Enclosure (16)

UTILITY OUTAGE REQUEST

CONTRACT# _____ SHORT TITLE _____

ALL REQUESTS FOR OUTAGES WILL BE SUBMITTED FIFTEEN DAYS PRIOR TO OBTAINING SUCH OUTAGE, FORWARD IN THREE (3) COPIES WITH THE NECESSARY INFORMATION TO THE OICC/ROICC FOR APPROVAL.

TYPE OF OUTAGE _____

DATE AND TIME OF SUBMISSION TO OICC/ROICC _____

OUTAGE REQUESTED FOR:

DATE: _____

TIME: _____

DURATION TIME: _____

CIRCUIT/SYSTEM # _____

AREA, FACILITIES, BLDGS. AFFECTED: _____

JUSTIFICATION/REASON FOR OUTAGES: _____

CONTRACTOR _____ SUPERINTENDENT _____

MAT/EQUIP/MANPOWER VERIFIED BY CONREP _____

APPROVED/DISAPPROVED PWD ENERGY MANAGER _____

APPROVED/DISAPPROVED ROICC GTMO _____

REQUEST TWO (2) COPIES OF THIS BE RETURNED TO OICC/ROICC, GTMO BOX 37, GUARDMAIL STOP 551.

TO BRSC DESAL-POWER ☐ WATER ☐ OTHER _____ ON APPROVAL

REQUEST FOR RENTAL OF GOVERNMENT-OWNED EQUIPMENT

SECTION A: (To be filled in by private party in TRIPLICATE)

DATE OF REQUEST

CONTRACTOR

CONTRACT NUMBER

LOCAL ADDRESS

SPECIAL DEPOSIT ACCT. NO./JOB ORDER#

Request that we be rented the following piece of equipment for the period:

TO

(TIME)

(DATE)

(TIME)

(DATE)

Equipment Description:

Title & Private Party's Representative

SECTION B: (To be filled out by ROICC Construction Representative if use is by a Contractor) The above equipment is required for cited purpose.

APPROVED:

ROICC Construction Representative/CSR

SECTION C: (To be completed by KVAERNER PROCESS SERVICE INC. Trans/Ops Mgr

BUREAU CODE

NOMENCLATURE

USN NUMBER

Rental of the above piece(s) of equipment to the private party is authorized.

(For Public Works Dept.)

USAGE RECORD:

Time & Date Out

Time&Date In

Time Equipment Used

Total Cost

Approved By:

Trans/Ops Manager

Enclosure (18)

DATE: _____

Digging Permit #: _____

From: _____
To: Public Works Department (ATTN: **PWD ENGINEERING**)
Via: ROICC, Guantanamo Bay, Cuba

Subj: CLEARANCE REQUEST FOR EXCAVATION OPERATIONS FOR
CONTRACT # _____

Ref: (a) COMNAVBASEGTMOINST 11300.4E

1. In accordance with reference (a), request that a clearance for earth excavation be issued for the project described below:

a. Location: _____

b. Type Excavation: _____

c. Reason: _____

d. Equipment to be used: _____

e. Desired start date: _____

f. Anticipated completion date: _____

g. Proposed excavation area has been marked in white paint: YES _____ NO _____

2. Per reference (a), within five (5) working days following completion of the above work, this request and prints showing the current condition (whether changes were made or not) will be returned to FMED.

SIGNATURE _____

SAMPLE

OICCROICCNOTE 2-82
Ser: 7920/cp
20 April 1982

CONTRACTOR'S EMERGENCY EQUIPMENT LIST (Sample)

Contractor: A. B. C. Construction Inc.

Contact Person: Mr. James Jackson

Phone: 9876

Equipment Available:

1 Backhoe and fron end loader - Arthur Moon

1 Trencher - James Jackson

1 Dump Truck - 15 Ton capacity - Rick Small

Communications:

CB Channel 9

Radio UHF 427 mhz

WEEKEND / HOLIDAY WORK REQUEST FORM

(Date)

FROM: _____
(Contractor Firm)

TO: ROICC GTMO

SUBJ: _____
(Contract under which weekend work is requested)

Approval is requested for work on the subject contract to be performed on

_____ during the approximate hours of _____
(date)

and _____. The work (is / is not) associated with change of

occupancy and will be (in / in the vicinity of) _____
(bldg. or qtrs #)

Briefly, the work will involve _____

The reason for work at this time is:

A. Change of Occupancy _____

B. Utility Outage _____

C. Preparation for other scheduled work _____

D OTHER _____

Signed _____

Date

From: ROICC GTMO

To: _____

Subj: Weekend / Holiday Work

1. Your request is (approved / disapproved).

CONTRACTOR'S SUBMITTAL TRANSMITTAL
LANTDIV NORFOLK 4-4355/3 (Rev. 11-80)

FROM CONTRACTOR

TO

CONTRACT NO

TRANSMITTAL NO

DATE

PROJECT TITLE AND LOCATION

CONTRACTOR USE ONLY

**List only one specification division per form.*

*List only one of the following categories on each transmittal form,
and indicate which is being submitted*

☐ Contractor Approved

☐ OICC Approval

☐ Deviation/Substitution
For OICC Approval

REVIEWER USE ONLY

****ACTION CODES**

A-Approved
D-Disapproved
AN-Approved as noted
RA-Receipt acknowledged
C-Comments
R-Resubmit

ITEM NO	PROJ. SPEC. SECT. & PARA. and/or PROJ. DWG. NO. *	ITEM IDENTIFICATION (Type, size, model no., Mfg. name, dwg. or brochure number)	NO. OF COPIES	ACTION CODES **	REVIEWER'S INITIALS CODE AND DA

CONTRACTOR'S COMMENTS

COPY OF TRANSMITTAL AND SUBMITTALS TO ROICC

CONTRACTOR REPRESENTATIVE (Signature)

DATE RECEIVED BY REVIEWER

FROM (Reviewer)

TO

☐ Submittals are returned with action indicated. Approval of an item does not include approval of any deviation from the contract requirements unless the contractor calls attention to and supports the deviation.

☐ Submittals are forwarded to LANTDIV with A-E recommendations indicated in REVIEWER USE ONLY Section and in comments below on ONE COPY of transmittal form.

REVIEWER'S COMMENTS

COPIES TO
ROICC (2)
LANTDIV (1)
A-E (1)

DATE

SIGNATURE

[illegible]

EXAMPLE EXCERPTS

PART I (To be completed by contractor)

1. ACTIVITY AND LOCATION

U.S. NAVAL STATION, GUANTANAMO BAY, CUBA

2. TITLE OF CONTRACT AND SITE LOCATION

SUPPLY BUILDING 544, REPAIR AND ADDITION; MACEO ROAD

3. NAME AND ADDRESS OF CONTRACTOR

PDQ CONSTRUCTORS, INC. 322 S.W. 16th STREET, APEX, FL 34050

4. SIGNATURE AND TITLE OF CONTRACTOR'S AGENT

J.W. JONES - SUPERINTENDENT

PART II (To be completed by OICC or ROICC)

1. CONTRACT NO. N62470 89-C-1202	2. DATE OF CONTRACT 30SEP94	3. CONTRACT PRICE 4,238,500	4. 2ND LOW BID 4,312,312	5. HIGH BID 5,250,000	6. NO. OF BIDDERS 4
--	--------------------------------	--------------------------------	-----------------------------	--------------------------	------------------------

7. ALLOTMENT OR ALLOCATION NO.

8. APPROPRIATION TITLE

9. TIME FOR COMPLETION (Days)

520 CAL. DAYS

10. REVIEWED & FORWARDED (Date)

11. SIGNATURE OF APPROVING OICC

12. a. ITEM NO.	b. DESCRIPTION OF ITEM	c. QUANTITIES		d. MATERIAL COST		e. LABOR COST		f. TOTAL COST
		NO. OF UNITS	UNIT	UNIT COST	COST	UNIT COST	COST	
1.	BONDS	1	LOT	22,300	23,300	0	0	23,3000
2.	MOBILIZATION							
a.	OFFICE/YARD	1	LOT	32,000	32,000	4,200	4,200	36,200
b.	WAREHOUSE	3200	SF	28.00	89,600	6.00	19,200	108,800
c.	MGMT. TRAILERS	2	EA	20,000	40,000	1,000	3,000	43,000
d.	TCN RECRUIT/TRAVEL	24	MEN	2,350	56,400	0	0	56,400
3.	TUG/BARGE	3	VO	52,000	156,000	3,000	9,000	165,000
4.	CONTR. OCEAN FREIGHT	6200	MT	83.45	517,390	12.00	74,400	591,790
5.	CREW BERTH/MESS	7200	CMD	28.00	201,600	0	0	201,600
16.	SPREAD FOOTINGS	2300	CY	125.00	287,500	24.80	57,040	344,540
17.	STEM WALL	1800	CY	184.00	331,200	38.00	68,400	399,600
18.	FLOOR SLAB	2320	CY	135.00	313,200	22.60	52,432	365,632
32.	INTERIOR PAINT	62000	SF	0.065	4,030	0.10	6,200	10,230
54.	SANITARY MANHOLE	2	EA	760	1,520	328	656	2,176
68.	RACEWAY - 1st FLR	5200	LF	2.50	13,000	2.50	13,000	26,000
73.	RACEWAY - 2nd FLR	3330	LF	1.63	5,428	2.00	6,660	12,088
92.	SIDEWALK	600	SY	26.00	15,600	12.00	7,200	22,800
122.	AS BUILT DRAWINGS	1	LOT	250	250	750	750	1,000
135.	DEMobilIZATION							
a.	STRUCTURE/YARD	1	LOT	36,000	36,000	2,000	2,000	38,000
b.	EQUIPT. RETROGRADE	5	PCS	4,000	20,000	240	1,200	23,200
c.	CREW TRAVEL	24	MEN	720	17,280	0	0	17,280
	TOTALS				3,122,600		1,115,900	4,238,500

ABBREVIATIONS

VO= VOYAGE

MT= MEASUREMENT TON - 40CF OR
2000 LB WHICH EVER COMES FIRST

CMD= CALENDAR MAN DAYS

STATEMENT AND ACKNOWLEDGMENT

FORM APPROVED OMB NO.
9000-0014

Public reporting burden for this collection of information is estimated to average .15 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Paperwork Reduction Project (9000-0014), Washington, D.C. 20503.

PART I - STATEMENT OF PRIME CONTRACTOR

1. PRIME CONTRACT NO.	2. DATE SUBCONTRACT AWARDED	3. SUBCONTRACT NUMBER
4. PRIME CONTRACTOR (Name, address and ZIP code)		5. SUBCONTRACTOR (Name, address and ZIP code)

6. The prime contractor states that under the contract shown in Item 1, a subcontract was awarded on date shown in Item 2 by (Name of Awarding Firm) _____

to the subcontractor identified in Item 5, for the following work:

7. PROJECT	8. LOCATION	
9. NAME AND TITLE OF PERSON SIGNING	10. BY (Signature)	11. DATE SIGNED

PART II - ACKNOWLEDGMENT OF SUBCONTRACTOR

12. The subcontractor acknowledges that the following clauses of the contract shown in Item 1 are included in this subcontract:

Contract Work Hours and Safety

Compensation - Construction

Payrolls and Basic Records

Withholding of Funds

Disputes Concerning Labor Standards

Apprentices and Trainees

Compliance with Copeland Regulations

Subcontracts

Contract Termination-Debarment

Certification of Eligibility

13. NAME(S) OF ANY INTERMEDIATE SUBCONTRACTORS, IF ANY

NAME AND TITLE OF PERSON SIGNING	15. BY (Signature)	16. DATE SIGNED
----------------------------------	--------------------	-----------------

MEMORY JOGGER MEMORANDUM
PROJECT SUPERINTENDENT/ROICC REPRESENTATIVE

in order to assist in insuring that all Daily Reports (DRI's) are filled out properly and completely, the following items are to be included in the appropriate section of this days daily report.

Day & Date: _____ Project Name/Number: _____

- 1.
- 2.
- 3.
- 4.
- 5.

Delivered by: _____ ConRep.

Acknowledged by: _____ Supt.

MATERIAL RECEIPT

Items; (Make comment on material condition, photographs recommended on damaged items.)

[illegible]

Location of stored material _____

DATE _____ CONTRACT _____

CONTRACTOR _____ AGENT _____

Print _____

Sign _____

GOVT. DEPT. _____ AGENT _____

Print _____
 Sign _____

PHOTOS YES/NO _____ ROICC _____ Print _____
Sign _____

CONTRACTORS QUERY/FIELD CHANGE

Date _____

Contract Number _____

Title _____

TO: ROICC
U.S. NAVAL BASE
GUANTANAMO BAY, CUBA

FROM: _____

QUESTION

ANSWER

BY: _____
TITLE: _____

BY: _____
TITLE: _____

To be used for Field Changes

CONTRACTOR'S WARRANT OF FIELD CHANGES

If this is submitted as a field change, the contractor warrants the following:

- a. that the contractor has reviewed the entire contract in order to establish that the proposed deviation, if incorporated, will be compatible with all other elements of construction as specified and indicated; and
- b. that the contractor shall take any action and bear any additional expense which may arise by reason of incorporating the proposed deviation, including but not limited to changes in this or other elements of construction resulting from the incompatibility of proposed deviation with any other element of construction as specified or indicated.

Contractor's representative _____

I of ____

PROJECT SIGN
REVISED SAMPLE LETTERING

8'-0"	
3.5'	NAME OF FACILITY
3.0'	
2.5'	DESIGN AND CONSTRUCTION UNDER SUPERVISION OF
1.5'	
2.0'	ATLANTIC DIVISION
1.5'	
2.0'	NAVAL FACILITIES ENGINEERING COMMAND
1.5'	
2.0'	DEPARTMENT OF THE NAVY
1.5'	
2.5'	RESIDENT OFFICER IN CHARGE OF CONSTRUCTION
2.5'	
2.0'	U.S. NAVAL BASE, GUANTANAMO BAY, CUBA
2.5'	
2.0'	CONTRACT NUMBER: N62470-00-C-0000
2.0'	
2.5'	
2.0'	GENERAL CONTRACTOR ARCHITECT/ENGINEER
2.5'	
2.0'	JOHN A. DOE ECKS WYE ZEE
4.5'	

- NOTES: 1. All material and other details remain in effect.
2. All text centered.
3. Text not to scale

NAVFAC 4330/36 (Rev. 5-80);
S/N 0105-LF-003-3181

This is prepared on CARBONLESS paper
Tear off a complete set BEFORE filling in.
See additional instructions on reverse side

[illegible]

NAVAL FACILITIES ENGINEERING COMMAND
CONTRACTOR'S INVOICE

INVOICE DATE _____

INVOICE NUMBER _____

FROM:

TO: Officer in Charge of Construction

VIA: Resident Officer in Charge of Construction

1. Below is a Statement of Performance under Contract _____ at (Station) _____

The enclosure provides a breakdown of this statement of performance

A. Total value of contract through change	_____	\$ _____
B. Percentage of performance complete	_____	_____ %
C. Value of completed performance	_____	\$ _____
D. Less: Total of prior invoices	_____	\$ _____
E. Amount of this invoice	_____	\$ _____

Signature and Title _____

Enclosure (34)

CONTRACTORS' MONTHLY ESTIMATE FOR VOUCHER
LANTNAVFACENGCOM 4-4330/110 (NEW 7/84)

EXAMPLE EXCERPTS

VOUCHER NO.
04

CONTRACT
62470-89-1202 SUPPLY BUILDING 544, REPAIR AND ADDITION

CONTRACTOR
PDQ CONSTRUCTORS, INC.

CONTRACTOR'S ADDRESS
322 S.W. 16th STREET, APEX, FL 34050

ESTIMATE FOR MONTH ENDING
20 FEB 95

CURRENT CONTRACT COMPLETION DATE ON TOTALS-ROUND
22 MARCH 1996 TO NEAREST DOLLAR

FROM SCHEDULE OF PRICES				TOTAL QUANTITIES			UNIT PRICE		TOTAL AMOUNT THIS MONTH	TOTAL AMOUNT DUE TO DATE	Remarks
No.	Item	Schedule Quantity	Unit	Pre-viously Reported	For Month	To Date	Material	Labor			
1-2.	BOND/MOBILIZATION	1	LOT	1	0	1			0	267,700	COMPLETE
3.	TUG/BARGE	3	VO	2	1	3	52,000	3,000	55,000	165,000	COMPLETE
4.	CONTR. OCEAN FREIGHT	6200	MT	4320	180	4500	83.45	12.00	17,181	429,525	
5.	CREW BERTH/MESS	7200	CMD	1080	720	1800	28.00	0	20,160	50,400	
16.	SPREAD FOOTINGS	2300	CY	2300	0	2300	125.00	24.80	0	344,540	COMPLETE
17.	STEM WALLS	1800	CY	1260	210	1470	185.00	38.00	46,830	327,810	
18.	FLOOR SLABS	2320	CY	890	300	1190	135.00	22.60	47,280	187,544	
19-67.	VARIOUS ITEMS	1	LOT	0	0	0	-	-	0	0	NO START
68.	RACEWAY 1st FLOOR	5800	LF	160	80	240	2.50	2.50	200	600	
69-72.	ELECTRICAL ITEMS	1	LOT	0	0	0	-	-	0	0	NO START
73.	RACEWAY 2nd FLOOR	4200	LF	0	0	0	-	-	0	0	NO START
74-135.	REMAINING ITEMS	1	LOT	0	0	0	-	-	0	0	NO START
TOTAL WORK IN PLACE									186,651	1,773,119	41.8%
MATERIAL ON SITE (SEE ATTACHED LIST)										644,885	
TOTAL PERFORMANCE										2,418,004	57.0%
TOTAL CONTRACT PRICE \$4,238,500											
NOTE:											
ITEMS WILL EXPAND AS JOB PROGRESSES HOWEVER COMPLETED ITEMS MAY BE COMBINED AS ITEM 1 AND 2 ABOVE (SEE EXAMPLE COMPANION SCHEDULE OF PRICES HEREIN OR AS JOB FURTHER PROGRESSES EXCERPT											
ITEMS WOULD BE:											
16-18.	STRUCTUERAL CONCRETE	1	LOT	1	0	1	-	-	0	1,109,772	COMPLETE
68-75	ELECTRICAL ROUGH-IN	1	LOT	1	0	1	-	-	0	146,785	COMPLETE

INSPECTED AND CHECKED for Completed Work in the Amount of \$ _____

RECOMMENDED for Approval in the amount of \$ _____

(CON REP/INSP Signature and date)

(AOICC/AOICC Signature and date)

CONTRACT				EXAMPLE EXCERPTS										INVOICE: 04			
N62470-89-C-1202				MATERIAL ON SITE LIST										DATE: 20 FEB 95			
I T E M	SCHEDULE OF PRICES ITEMS	MATERIAL ITEM DESCRIPTION	TOTAL REQUIRED IN CONTRACT			MAIL. ON SITE LAST PERIOD		MAIL. RECEIVED THIS PERIOD		MAIL. CONSUMED THIS PERIOD		MAIL. ON SITE					
			QUANTITY	UNIT	PRICE	TOTAL COST	QNT	COST	QNT	COST	QNT	COST					
1	16, 17 18, 54 92	COARSE AGGREGATE	5964	TON	28.00	166,992	384	10,752.00	1500	42,000	467	13,076	1,417	39,676			
2		FINE AGGREGATE (SAND)	3760	TON	34.00	127,840	1187	40,358.00	0	0	270	9,180	917	31,178			
3		PORTLAND CEMENT	2100	BLD	85.00	178,500	664	56,440.00	0	0	164	13,940	500	42,500			
4		2x4 FORM LUMBER	106,250	BF	0.80	85,000	31,250	25,000.00	0	0	12,300	9,840	18,950	15,160			
5		2x6 FORM LUMBER	61,230	BF	1.00	61,230	560	560.00	0	0	0	0	560	560			
6		3/4" PLYFORM (4'x8' SHD)	2,200	SHI	30.00	66,000	660	19,800.00	0	0	260	7,800	400	12,000			
7		#4 REBAR (20' LENGTHS)	262	TON	500.00	131,000	157	78,500.00	0	0	19	9,500	138	69,000			
8		#5 REBAR (20' LENGTHS)	186	TON	682.00	126,852	48	32,736.00	0	0	12	8,184	36	24,552			
9		8" SNAP TIES	108	C	38.00	4,104	76	2,888.00	0	0	13	494	63	2,394			
10		DUPLEX FORM NAILS	40	BX	100.00	4,000	18	1,800.00	0	0	10	1,000	8	800			
11		CURING COMPOUND	14	DRM	385.00	5,390	7	2,695.00	0	0	2	770	5	1,925			
29	32	LATEX PAINT	35	PL	80.00	2,800	0	0.00	35	2,800	0	0	35	2,800			
30		ENAMEL UNDERCOAT	5	PL	86.00	430	0	0.00	5	430	0	0	5	430			
31		ALKYD ENAMEL	7	PL	92.00	644	0	0.00	7	644	0	0	7	644			
62	54	MANHOLE FRAME & COVER	2	EA	300.00	600	2	600.00	0	0	0	0	2	600			
87	68, 73	4" RIGID CONDUIT	110	LF	10.00	1,100	60	600.00	0	0	20	200	40	400			
88		1 1/4" RIGID CONDUIT	250	LF	1.90	475	150	285.00	0	0	60	114	90	171			
89		1" RIGID CONDUIT	320	LF	1.46	467	320	467.00	0	0	0	467	320	467			
90		3/4" RIGID CONDUIT	7,200	LF	1.00	7,200	3,500	3,500.00	3,700	3,700	0	0	7,200	7,200			
91		1/2" RIGID CONDUIT	650	LF	0.81	527	650	527.00	0	0	0	0	650	527			
92		ELBOWS/CONDUIT	2	PLT	2,150.00	4,300	1.85	3,978.00	0	0	0.15	323	1.70	3,655			
93		JUNCTION BOXES	2	PLT	1,600.00	3,200	1.90	3,040.00	0	0	0.10	160	1.80	2,880			
94		LOCKNUTS/BUSHINGS	3	BX	285.00	855	2.8	798.00	0	0	0.10	29	2.70	770			
95		CONDUIT STRAPS	2	BX	165.00	330	2	330.00	0	0	0	0	2	330			
136	126	MANUAL BINDERS	16	EA	25.00	400	0	0.00	16	400	0	0	16	400			
TOTAL							*	613,272.00	+	126,690	-	75,077	=	644,885			

EXAMPLE NOTES:

1. ROUND ALL EXTENSIONS TO NEAREST DOLLAR.
2. THE TOTAL REQUIRED CONTRACT COST OF MATERIAL LIST ITEMS 1 THRU 11 CANNOT EXCEED SCHEDULE OF PRICES MATERIAL TOTALS FOR SCHEDULE OF PRICE ITEMS 16, 17, 18, 54 (LESS MATERIAL LIST ITEM 62) AND 92.
3. SAME HOLDS TRUE WITH MATERIAL LIST ITEMS 29, 30, 31/SCHEDULE OF PRICE ITEM 32 AND MATERIAL LIST ITEMS 87 THROUGH 95/SCHEDULE OF PRICE ITEMS 68 AND 73.

* TOTAL WILL SHOW ONLY ON SMALL JOBS WHERE ALL MATERIALS ARRIVE PRIOR TO START. AS MATERIAL LIST WILL ONLY SHOW MATERIALS ON SITE THAT INVOICE. IN MOST CASES NO TOTAL WOULD BE USED. MATERIAL COSTS LESS MOB/DEMOR COSTS FROM SCHEDULE OF PRICES.

INVOICE CERTIFICATION

(FAR 52.232-5)

CONTRACTOR'S NAME

ADDRESS:

CONTRACT NUMBER AND DESCRIPTION:

I hereby certify, to the best of my knowledge and belief, that:

(1) The amounts requested are only for performance in accordance with the specifications, terms and conditions of the contract;

(2) Payments to Subcontractors and suppliers have been made from previous payments received under this contract, and timely payments will be made from the proceeds of the payment covered by this certification in accordance with subcontract agreements and the requirements of chapter 39 of title 31, United States code; and;

(3) This request for progress payment does not include any amounts which the prime contractor intends to withhold from a subcontractor or supplier in accordance with the terms and conditions of the subcontract.

(Signature)

(Typed Name)

(Date)

THIS CERTIFICATION APPLIES TO ALL CONTRACTS AWARDED ON OR AFTER 01 APRIL
1989 INVOICE CERTIFICATION

Enclosure (37)

ORDER FOR SUPPLIES OR SERVICES

(Contractor must submit four copies of invoice.)

Form Approved
OMB No. 0704-0187

PAGE 1 OF

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.
SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.**

1. CONTRACT / PURCH ORDER NO.		2. DELIVERY ORDER NO.		3. DATE OF ORDER (YYMMDD)		4. REQUISITION / PURCH REQUEST NO.		5. PRIORITY	
6. ISSUED BY CODE				7. ADMINISTERED BY (if other than 6) CODE				8. DELIVERY FOB <input type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR NAME AND ADDRESS CODE				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED	
						12. DISCOUNT TERMS			
						13. MAIL INVOICES TO			
14. SHIP TO CODE				15. PAYMENT WILL BE MADE BY CODE				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	

16. TYPE OF ORDER	DELIVERY	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.
	PURCHASE	

NAME OF CONTRACTOR	SIGNATURE	TYPED NAME AND TITLE	DATE SIGNED (YYMMDD)
If this box is marked, supplier must sign Acceptance and return the following number of copies:			

ACCOUNTING AND APPROPRIATION DATA / LOCAL USE

18. ITEM NO.	19. SCHEDULE OF SUPPLIES / SERVICE	20. QUANTITY ORDERED / ACCEPTED *	21. UNIT	22. UNIT PRICE	23. AMOUNT

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.		24. UNITED STATES OF AMERICA BY:		25. TOTAL	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED		27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.	
DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE		31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
certify this account is correct and proper for payment.		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR	
DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER		40. TOTAL CONTAINERS		34. CHECK NUMBER	
37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYMMDD)	41. S/R ACCOUNT NUMBER	35. BILL OF LADING NO.	
				42. S/R VOUCHER NO.	

CONTRACTOR'S RELEASE
NAVFAC 4330/7 (6-72)
S/N 0105-LF-001-9100

CONTRACTOR'S RELEASE UNDER CONTRACT _____

KNOW ALL PERSONS BY THESE PRESENTS: In consideration of the premise and the sum of _____

_____ (\$ _____)

lawful money of the United States of America (hereinafter called the "Government") _____

_____ (\$ _____)

of which has already been paid and _____

_____ (\$ _____) of which is to be paid

by the Government under the above-mentioned contract, the undersigned Contractor does, and by the receipt of said sum shall, for itself, its successors and assigns, remise, release and forever discharge the Government, its officers, agents, and employees, of and from all liabilities, obligations and claims whatsoever in law and in equity under or arising out of said contract.

IN WITNESS WHEREOF, this release has been executed this _____ day of _____ 19 _____

WITNESSES:

(Contractor)

BY: _____

TITLE: _____

CERTIFICATE

I, _____, certify that I am the _____ secretary of the corporation named as Contractor in the foregoing release; that _____ who signed said release on behalf of the Contractor was then _____ of said corporation; that said release was duly signed for and in behalf of said corporation by authority of its governing body and is within the scope of its corporate powers.

(Corporate Seal)

REQUEST FOR TIME EXTENSION FOR
MATERIAL/EQUIPMENT DELAYS

From: _____
To: OICC/ROICC U.S. Naval Base, Guantanamo Bay, Cuba
Subj: Contract N62470-
Encl: (1) Copy of Purchase Order

1. It is requested that a time extension be granted for the subject contract based on the following material/equipment delivery delay:

a. Description of the material/equipment:

b. Order was placed on _____ (Date)
with _____ (Company).

c. Normal (expected) delivery time is

d. The following attempts were made to expedite delivery from the above source:

e. The following other companies were contacted in an attempt to find the material/equipment locally available:

f. The purchase order includes the priority rating assignment in the contract _____ yes _____ no (A copy of the purchase order is attached as enclosure (1).)



(Contractor's Signature)

VALUE ENGINEERING CHANGE PROPOSAL
5ND LANTDIV 4-4858/4 (REV. 8/77)

CONTRACTOR SUMMARY SUBMITTAL

FROM	DATE
TO	VECP NO.
PROJECT	CONTRACT NUMBER
LOCATION	

SUMMARY OF CHANGE *(Description – Compare advantages and disadvantages)*

BEFORE <i>(Sketch, when applicable)</i>	AFTER
	

ESTIMATED COST SUMMARY

ESTIMATED COST SUMMARY

Costs shall be estimated in accordance with the change provisions contained in the General Clauses of the contract. Attach "Change Order Estimate" form, 5ND LANTDIV 4-4330/58 (Rev. 11/73) for detailed estimate of "BEFORE" condition for the change proposal. Also attach "Change Order Estimate" form 5ND LANTDIV 4-4330/58 (Rev. 11/73) detailed estimate of "AFTER" condition for the change proposal.

DESCRIPTION	NO. OF UNITS (where applicable)	UNIT COST \$ (where applicable)	TOTAL \$ (summary)
A. Original (estimate of cost "BEFORE" change proposal)			
B. Proposed (estimate of cost "AFTER" change proposal)			
C. Gross Savings (difference between A & B)			
D. Contractor Implementation Cost (if applicable)			
E. Instant Contract Savings (C-D)			
*F. Government Implementation Cost (if applicable)			
*G. Construction Price Reduction $(0.45E) + (0.55F)$			
*H. Government Savings (G-F)			
*I. Items to be computed by Value Engineer			

(OVER)

FOR OFFICIAL USE ONLY (WHEN COMPLETED)

PERFORMANCE EVALUATION (CONSTRUCTION)

1. CONTRACT NUMBER

2. CEC NUMBER

IMPORTANT: Be sure to complete Part III - Evaluation of Performance Elements on reverse

PART I - GENERAL CONTRACT DATA

3. TYPE OF EVALUATION (X one)

☐ INTERIM (List percentage _____ %)☐ FINAL☐ AMENDED

4. TERMINATED FOR DEFAULT

5. CONTRACTOR (Name, Address, and ZIP Code)

6.a PROCUREMENT METHOD (X one)

☐ SEALED BID☐ NEGOTIATED

b TYPE OF CONTRACT (X one)

☐ FIRM FIXED PRICE☐ COST REIMBURSEMENT☐ OTHER (Specify)

7. DESCRIPTION AND LOCATION OF WORK

8. TYPE AND PERCENT OF SUBCONTRACTING

9. FISCAL DATA ▶	a. AMOUNT OF BASIC CONTRACT \$	b. TOTAL AMOUNT OF MODIFICATIONS \$	c. LIQUIDATED DAMAGES ASSESSED \$	d. NET AMOUNT PAID CONTRACTOR \$
10. SIGNIFICANT DATES ▶	a. DATE OF AWARD	b. ORIGINAL CONTRACT COMPLETION DATE	c. REVISED CONTRACT COMPLETION DATE	d. DATE WORK ACCEPTED

PART II - PERFORMANCE EVALUATION OF CONTRACTOR

11. OVERALL RATING (X appropriate block)

☐ OUTSTANDING☐ ABOVE AVERAGE☐ SATISFACTORY☐ MARGINAL☐ UNSATISFACTORY (Explain in Item 20 on reverse)

12. EVALUATED BY

a. ORGANIZATION (Name and Address (Include ZIP Code))

b. TELEPHONE NUMBER (Include Area Code)

c. NAME AND TITLE

d. SIGNATURE

e. DATE

13. EVALUATION REVIEWED BY

a. ORGANIZATION (Name and Address (Include ZIP Code))

b. TELEPHONE NUMBER (Include Area Code)

c. NAME AND TITLE

d. SIGNATURE

e. DATE

14. AGENCY USE (Distribution, etc.)

EVALUATION OF CONTRACTOR QUALITY CONTROL SYSTEM

Date: _____

% Complete: _____

Contract #: _____ Location: _____

Project Title: _____

Contractor: _____

1. QC Manager's Rating

If you wish to evaluate other members of the QC staff, please attach additional forms. This information will help us insure approval of competent QC Managers and their staff.

Indicate all education/experience that applies. G - Graduate Eng/Arch C - Graduate Construction Manager F - Former QC rep S - Sup't/PM/Foreman

Name: _____

Education / Exper: _____
POOR FAIR GOOD EXCELLENT

- a. Overall Performance/Cooperation Level
- b. Daily Quality Control Reports
- c. Submittal Register Log Maintenance
- d. Testing Plan & Log Maintenance
- e. Deficiency Log / Rework Items List
- f. As-built Drawings
- g. Three Phase Control Inspection

POOR	FAIR	GOOD	EXCELLENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Contractor's Support QC Management Program ☐ ☐ ☐ ☐

3. Effectiveness of 01400 QC specification ☐ ☐ ☐ ☐

4. Comments: _____

Attach Evaluation to DD FORM 2626 and return to LANTNAVFACENGCOM Code 0523.